

Name
in
Full

Edgar Emory Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death	1903	Month	Oct	Day	7
Age		Years	8	Months	8
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Student		Where Residing if not at place of death		
Married, Single or Widowed	S	Name of Wife or Husband			
Father's Name	Emory Beall			Father's Birthplace	Ind
Mother's Maiden Name	Susan Gray			Mother's Birthplace	Ind
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>3 wks</u>
Immediate	<u>Rupture - Peritonitis</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>A. H. Staishure</u>
yes		Address	<u>Cumberland Ind</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pekin</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>October</i>	Day <i>11</i>	Age <i>1</i>	Months <i>4</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Pekin-Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm I. Beaman</i>			Father's Birthplace <i>Pekin Md</i>		
Mother's Maiden Name <i>Mary Martha Miller</i>			Mother's Birthplace <i>Pekin Md</i>		
Name of person giving information <i>Wm I. Beaman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Peritussus - Enter Colitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Meningitis (Cerebral)</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James O. Bullock</i>	
		Address <i>Smoking Maryland</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

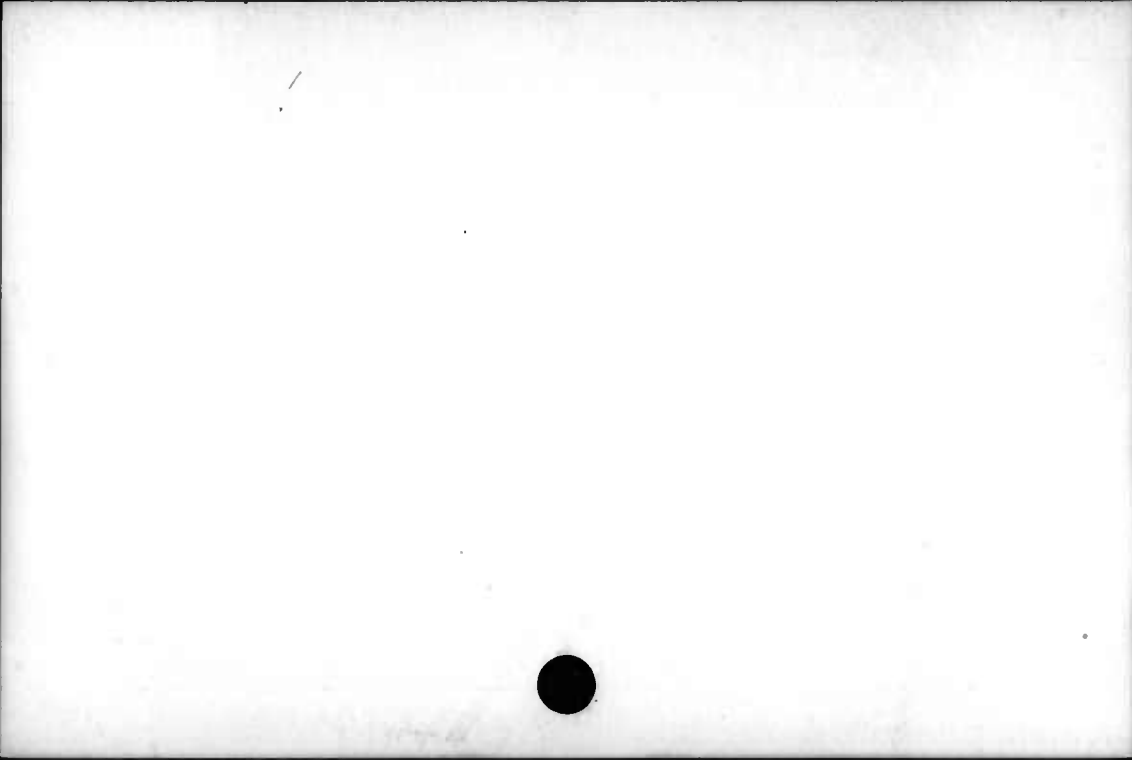
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellerslie</i> Town <i>Not-Name</i> County <i>Allegheny</i>		MARYLAND	
Date of death 1903	Month <i>10</i>	Day <i>10</i>	Age Years <i>54</i> Months <i>2</i> Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>white American</i>	Birth-place <i>Ellerslie Md</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>Elmer E. Blume</i>		Father's Birthplace <i>Fredrick Md</i>	
Mother's Maiden Name <i>Emma E. Voss</i>		Mother's Birthplace <i>Bedford</i>	
Name of person giving information <i>Sallie Blume</i>		How related to deceased <i>Sister in Law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Anemia</i>	How long <i>2 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Earl Smith</i>
	Address <i>Ellerslie Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mrs Barbra Bock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumttd</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>29</i>	Years <i>32</i>	Age <i>32</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cash Valley</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>George Bock</i>							
Father's Name <i>Henry Baker</i>		45		Father's Birthplace			
Mother's Maiden Name <i>Dead</i>		45		Mother's Birthplace			
Name of person giving information <i>Suzie Bock</i>		45		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mr. Johnson</i>
<i>—</i>	Address <i>Cumttd</i>
Accident or Suicide?	<i>Mr. Johnson & W. Jones</i>



Name
in
Full

Kattie Broadbeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Middlestian</u> <small>Town</small>		<u>Blaghamie</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	Month <u>10</u>	Day <u>2</u>	Age <u>4</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Middlestian</u>		
Occupation			Where Residing if not at place of death <u>Middlestian</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>John Broadbeck</u>			Father's Birthplace <u>Middlestian</u>		
Mother's Maiden Name <u>Annie Buckalena</u>			Mother's Birthplace <u>Brooklyn</u>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dysentheria</u>	How long <u>50 days</u>
Immediate <u>Cholera</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. F. L. Chalmers</u>
	Address <u>Middlestian</u>
Accident or Suicide?	<u>no</u>

C. F. Hickel

Allegany Co.

Sunday

Name
in
Full

Still born

Brown

CERTIFICATE OF DEATH

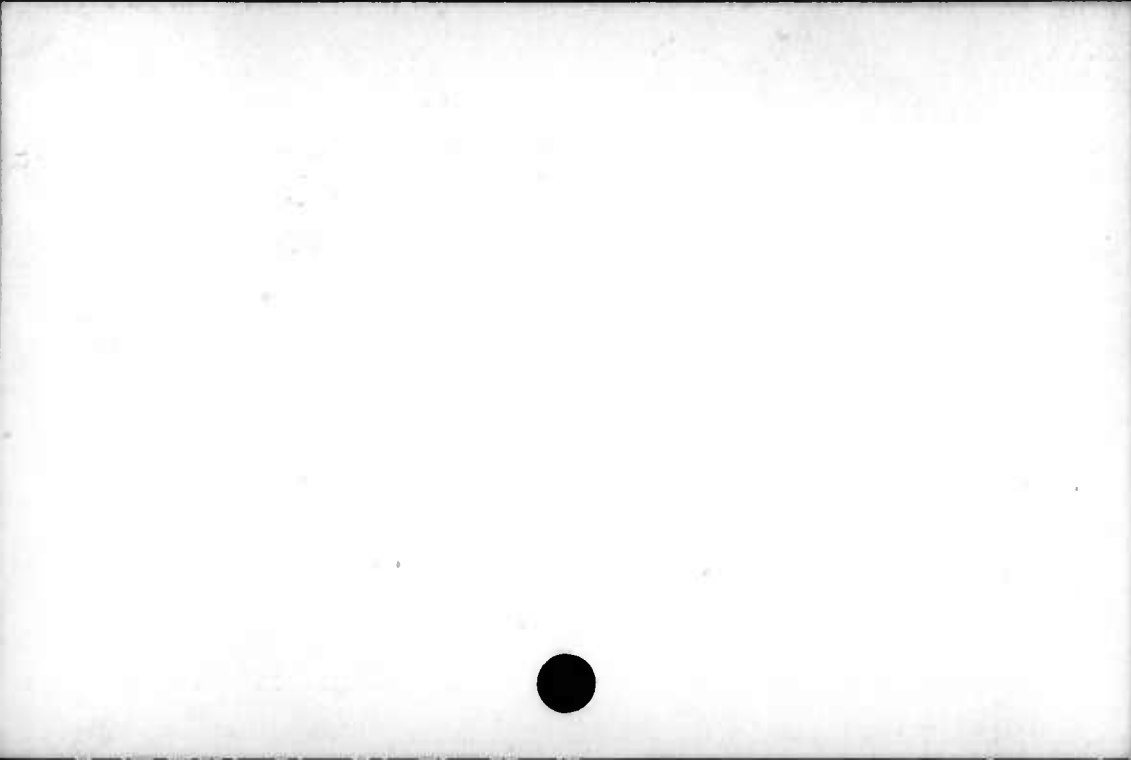
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>21</i>	Age _____	Years _____	Months _____ Days <i>1</i>
Sex _____		Color or Race <i>Colored</i>		Birth-place <i>Cumbr'd, Md.</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>			
Name of Wife or Husband _____					
Father's Name <i>Albert Brown</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Bessie Jones Jones</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Bessie Jones</i>			How related to deceased <i>mo.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still</i>	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Spear</i>
	Address <i>Cumbr'd, Md.</i>
Accident or Suicide?	



Name

in
Full

Mrs Isabel Caroline

CERTIFICATE OF DEATH

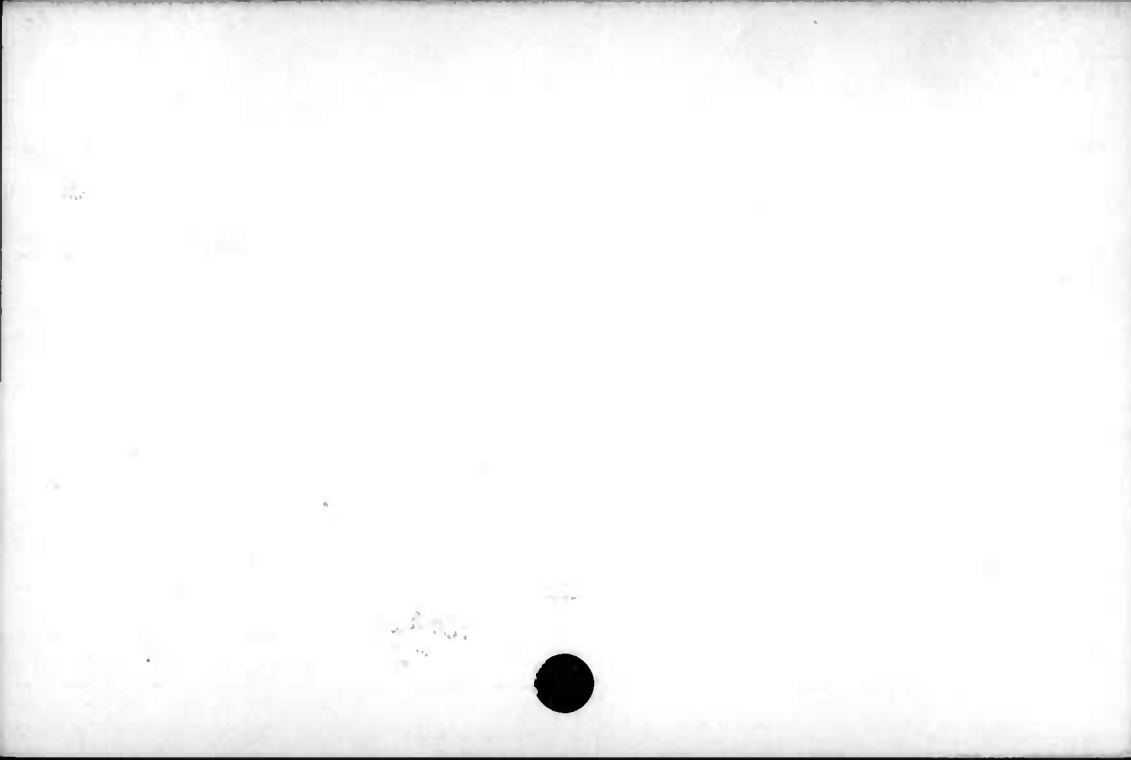
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3		Oct	31	44	44	+	+
Sex	Female		Color or Race	White		Birth-place	Mt. Savage Md
Married, Single or Widowed	Widowed		Occupation		Housewife		
Name of Wife or Husband	Francis H. Caroline						
Father's Name	J. B. Reagan					Father's Birthplace	Cumberland Md
Mother's Maiden Name	Catherine Oak					Mother's Birthplace	Tugonia
Name of person giving information	Ed. Reagan					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Eubacteritis & chronic nephritis		How long	1 Year
Immediate	Cardiac syncope		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Edward L. L. L.		
Address		Mt. Savage Md.		
Accident or Suicide?				



Name in Full		Alice Punchston Clifford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		W. Savage		Hecamp		MARYLAND	
		Date of death 1903		Month		Day	
		3 Oct		6		Age	
		44		Years		Months	
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		James Clifford					
Father's Name		Wm Punchston		Father's Birthplace		Birmingham, Eng.	
Mother's Maiden Name		Maria		Mother's Birthplace		Birmingham, Eng.	
Name of person giving Information		James Clifford		How related to deceased		Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Myocarditis & Chronic Brights		How long	
		14 years		How long		2 weeks	
		Immediate		Dyspnoea from stroke and anasarca		7 days	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Edward L. Quaker		Address		W. Savage, Md.	
Accident or Suicide?							



Name in Full		Mrs Grace Bloss				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Midland</i>		Town		<i>Alleghany</i>		County
	Date of death 1903		Month	Day	Age	Years	Months
			<i>Oct</i>	<i>26</i>	<i>8</i>	<i>79</i>	<i>11</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
	Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housekeeper</i>				
	Name of Wife or Husband <i>William Bloss</i>						
	Father's Name <i>Peter McGinnis</i>		Father's Birthplace <i>Scotland</i>				
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Annie Gray</i>		Mother's Birthplace <i>"</i>				
	Name of person giving information <i>James Bloss</i>		How related to deceased <i>Son</i>				
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>						
	Primary <i>Senility</i>		How long <i>14 weeks</i>				
Immediate <i>Infection</i>		How long <i>Six days</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. J. Smith</i>		Address <i>Midland</i>			
Accident or Suicide? <i>—</i>							

Eschert Cemetery

G & M,

Name
in
Full

Eliza M Crabtree

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		County	
Date of death 1903		Month <i>Oct</i>		Day <i>24</i>	
Age		Years <i>70</i>		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Id</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>none</i>			
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malaria and Infection</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. L. Broadbent</i>
		Address <i>100 Va ave</i>
Accident or Suicide? <i>No</i>		<i>Cumberland Md.</i>



Name
in
Full

Mollie Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death 1903	Month Oct	Day 4	Age 50	Years	Months	Days	
Sex Female	Color or Race White		Birth- place W. Va.				
Married, Single or Widowed Widow			Occupation				
Name of Wife or Husband							
Father's Name Jacob Sharp			45.		Father's Birthplace unknown		
Mother's Maiden Name unknown			Mother's Birthplace				
Name of person giving In formation Mrs. Mary Cantorville			How related to deceased none				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer	How long Several weeks
Immediate Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician B. C. Miller
	Address Cumberland W. Va.
Accident or Suicide?	

Hyndman Pa

Name
in
Full

Era Belle Dellinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stausville</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>10</i>	Age <i>7</i>	Months <i>10</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>W. Va.</i>	
Married, Single or Widowed <i>—</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Doris Dellinger</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Elybeth Reis</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving in formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>1 Week</i>
Immediate <i>Cholera</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Jones, M.D.</i>
	Address <i>Lawrence, Pa.</i>
Accident or Suicide?	



Name
in
Full

Andrew Dolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
8 Oct		18	65				
Sex	Male	Color or Race	White	Birth-place	Md		
Married, Single or Widowed	Married		Occupation	Stone Mason			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	accident	How long
Immediate	by falling off Bridge	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		W. J. Conner
		Address
		Corinas
Accident or Suicide?	Accident	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Henry Dwyer*

Town

bound

County

allegh

MARYLAND

Died at

Date

of death 190

3

Month

Oct

Day

8

Age

Years

43

Months

-

Days

-

Sex

*male*Color or
Race*white*Birth-
place*bound*Married, *Single*
or *Widow*

Occupation

*Baker*Name of Wife or
HusbandFather's
Name*40*Father's
BirthplaceMother's
Maiden Name*Mrs. Hertzel*Mother's
Birthplace*Garron Co*Name of person giving
information*Mrs Dwyer*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Gumorr of Liver

How long

about one year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Jones**bound**Mayland*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Leetia Evans

CERTIFICATE OF DEATH

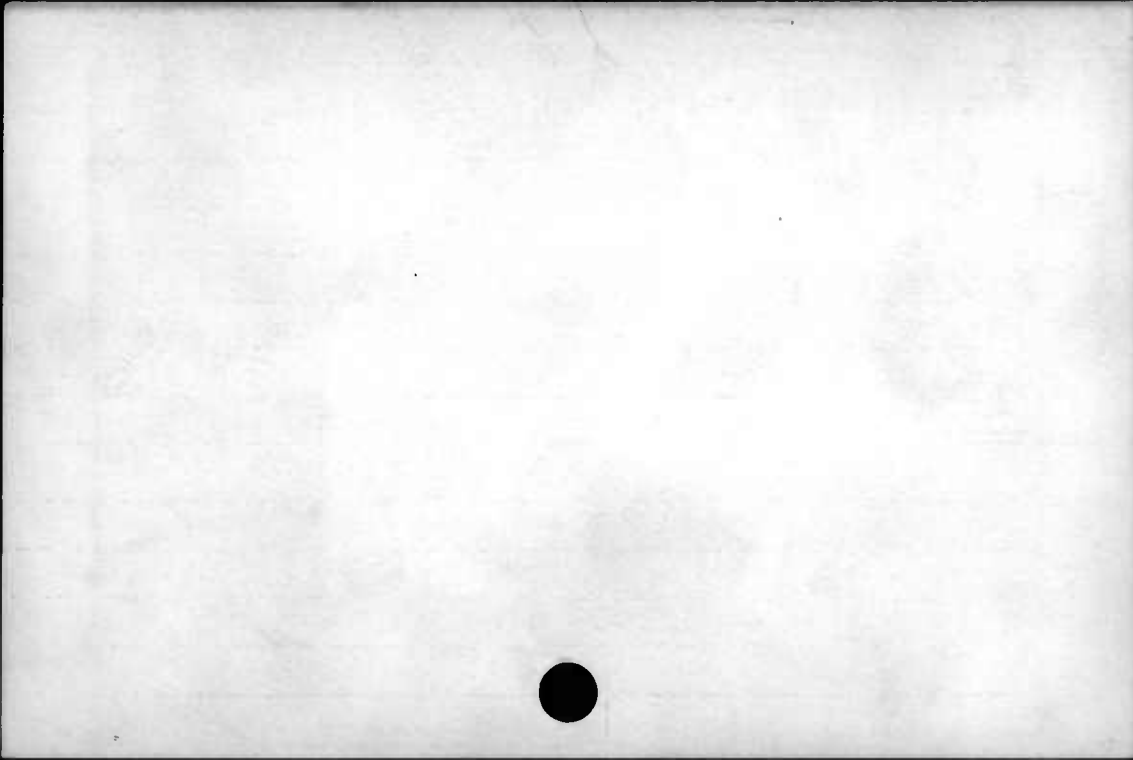
TO BE ANSWERED BY
NEAREST FRIEND

Town			County			MARYLAND		
Died at			Allgemey					
Date of death 1903		Month	Day	Age	Years	Months	Days	
3		Oct	31			6		
Sex			Color or Race			Birth-place		
Male			White			Cumberland		
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name								
Mother's Maiden Name								
Name of person giving information								
Father's Birthplace								
Mother's Birthplace								
How related to deceased								

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Pneumonia		6 days	
Immediate		How long	
Pneumonia			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. I. Shain M.D.	
		Address	
		Cumberland	
Accident or Suicide?		Md	



Name
in
Full

Andy Fey
Town
Cumberland

CERTIFICATE OF DEATH

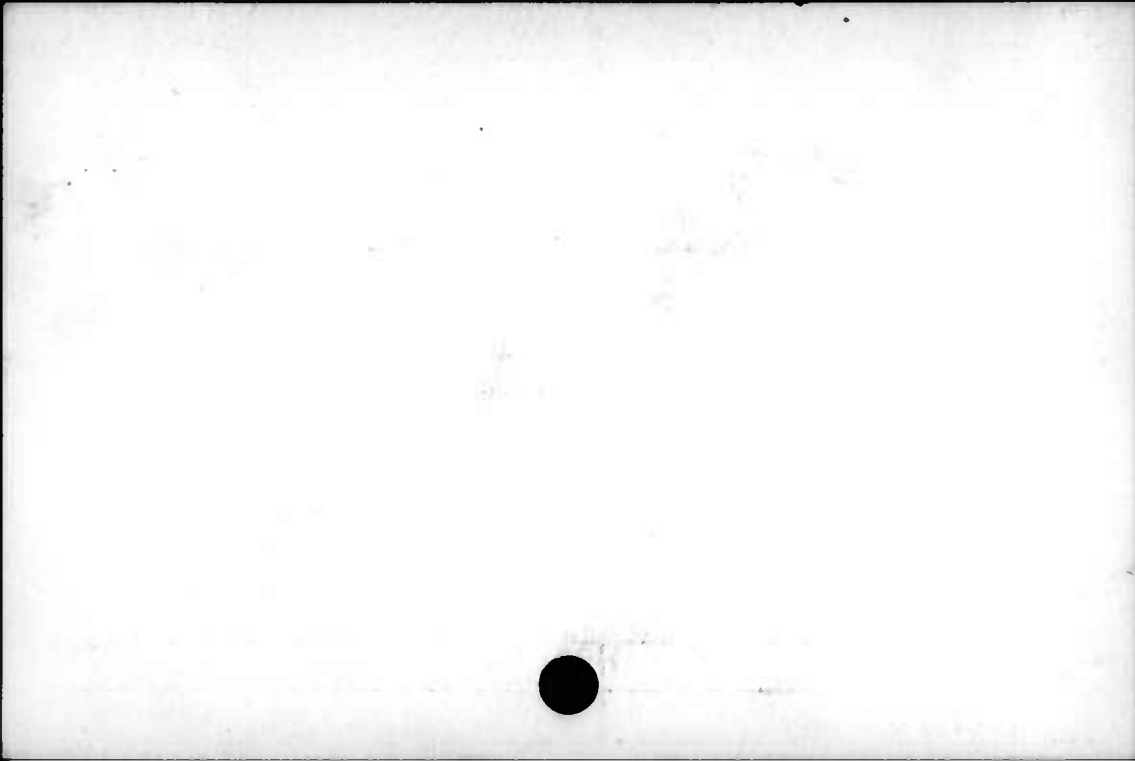
TO BE ANSWERED BY
NEAREST FRIEND

Died at		County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months
Sex	Color or Race	Birth-place			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name					
Mother's Maiden Name					
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> ^{Town}		County <i>Allegheny</i>		MARYLAND		
Date of death 1903	Month <i>Oct</i>	Day <i>3</i>	Age	Years <i>2</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Barton</i>			
Married, Single or Widowed <i>L</i>			Occupation <i>L</i>			
Name of Wife or Husband <i>L</i>						
Father's Name <i>John Greenham</i>			Father's Birthplace <i>Allegheny</i>			
Mother's Maiden Name <i>Minnie Dawson</i>			Mother's Birthplace <i>Allegheny</i>			
Name of person giving information <i>Father Wm Greenham</i>			How related to deceased <i>Father</i>			

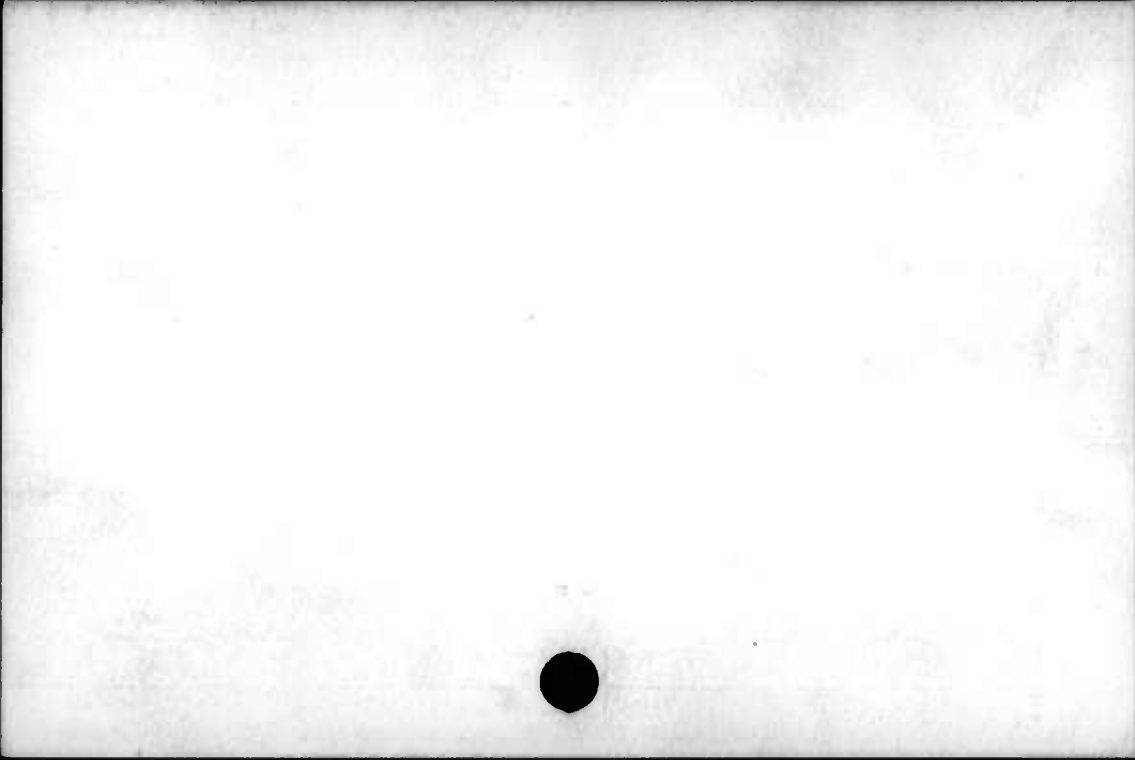
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>One week</i>
Immediate	<i>L</i>	How long	<i>L</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. H. Boucher</i>
		Address	<i>Barton, Md</i>
Accident or Suicide?			



Name in Full		Minnie Hamilton				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lonaconing		County		allegany							
	Date of death 190		3	Month	Oct	Day	31	Age	Years	1	Months	10	Days	22
	Sex		Female		Color or Race		White		Birth- place		Lonaconing Md			
	Married, Single or Widowed		Single		Occupation		—							
	Name of Wife or Husband													
	Father's Name						Thomas M. Hamilton							
	Mother's Maiden Name						Mary Adams. b.							
	Name of person giving In formation						Thomas M. Hamilton							
<div>CAUSES OF DEATH</div>														
PHYSICIAN OR CORONER	Primary						Measles							
	Immediate						Cerebral Meningitis							
	Are the name, age, sex, color, date and place correctly given above?						Yes							
	Signature of Physician						M. Gibson, Jock							
	Address						Lonaconing Md.							
Accident or Suicide? No														



Name
in
Full

Francis Lirvinia Hammers

CERTIFICATE OF DEATH

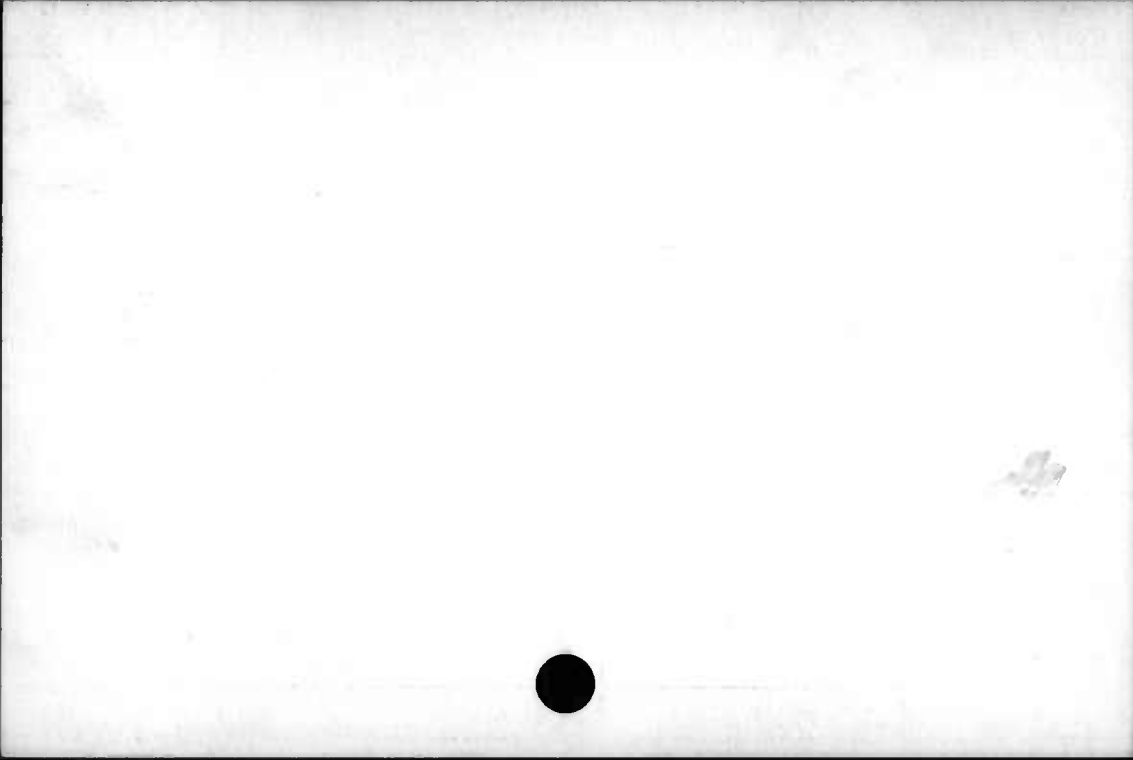
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Savage</i>		County <i>Allegany</i>		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>20</i>	Age <i>24</i>	Months <i>3</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>W. lit</i>		Birth-place <i>Mt Savage</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>William Hammers</i>			Father's Birthplace <i>Balto Ind</i>		
Mother's Maiden Name <i>Bridget O'Brien</i>			Mother's Birthplace <i>Barton Ind</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera & exhaustion</i>	How long <i>10 days</i>
Immediate <i>& exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward Hammers</i>
	Address <i>Mt. Savage Ind</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Month

10

Day

26

Age

Years

53

Months

—

Days

Sex

Male

Color or
Race

Black

Birth-
placeMarried, Single
or Widowed

Occupation

Boatsman

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Accidental drowned

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

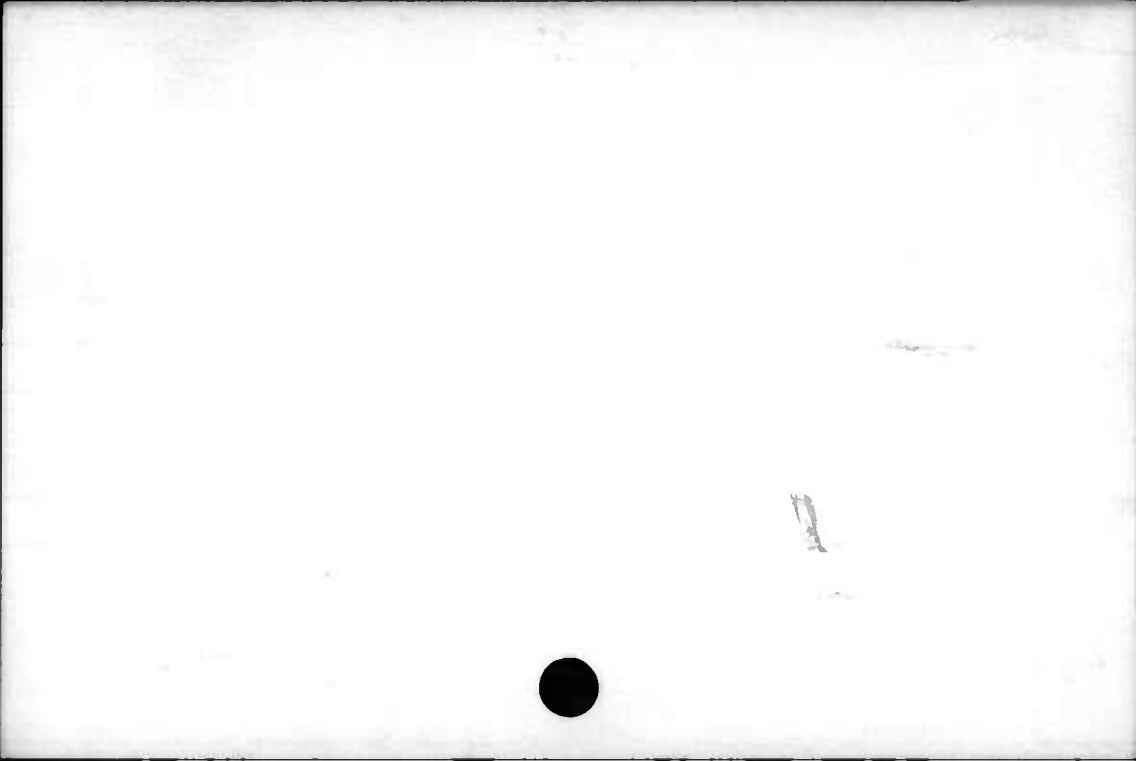
yes

Signature of
Physician

Address

W. J. Comer-
Coroner

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Cumberland

County

Hilleary

MARYLAND

Date

of death 1903

Month

Oct

Day

7

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Harry C. Hilleary

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Ella Kelley

Mother's
Birthplace

Md.

Name of person giving
Information

Parents

How related
to deceased

Parents

CAUSES OF DEATH

Primary

Premature Birth (at 6 Mo)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

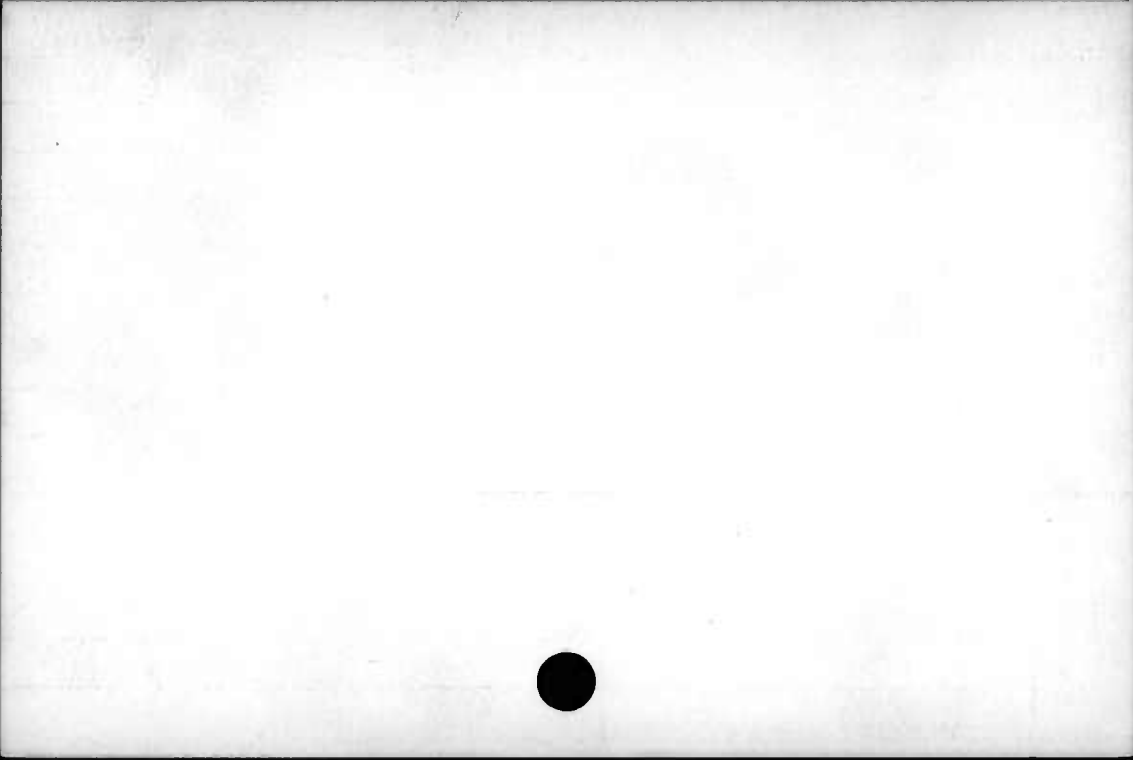
Address

Geo L Broadnax
Cumberland
Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

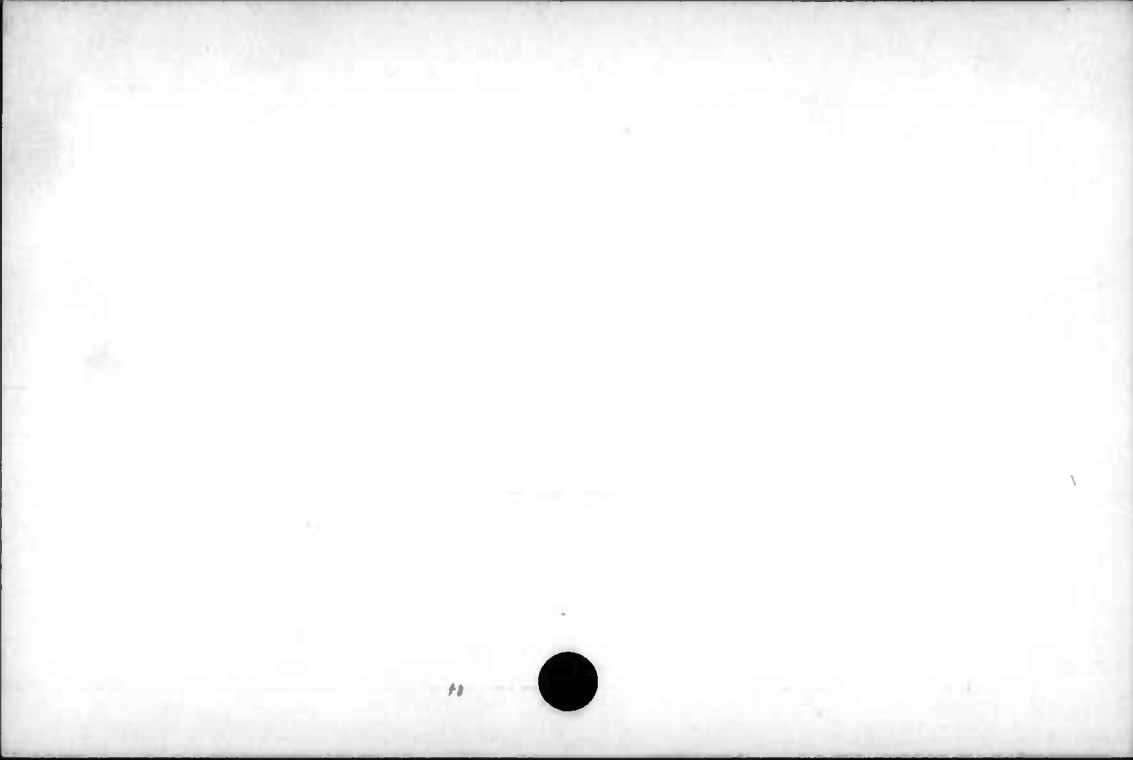
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i>		Town		<i>Hilloary</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Feb</i>		Day <i>7</i>		Age		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumtland</i>		Months		Days	
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Harry C Hilloary</i>				Father's Birthplace <i>W.Va.</i>		Mother's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Ella Kelly</i>				How related to deceased <i>Parents</i>		Name of person giving information <i>Parents</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth (at 6 mos)</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Arthur Broadbent</i>	
Address <i>Cumtland</i>		Address <i>Ind</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

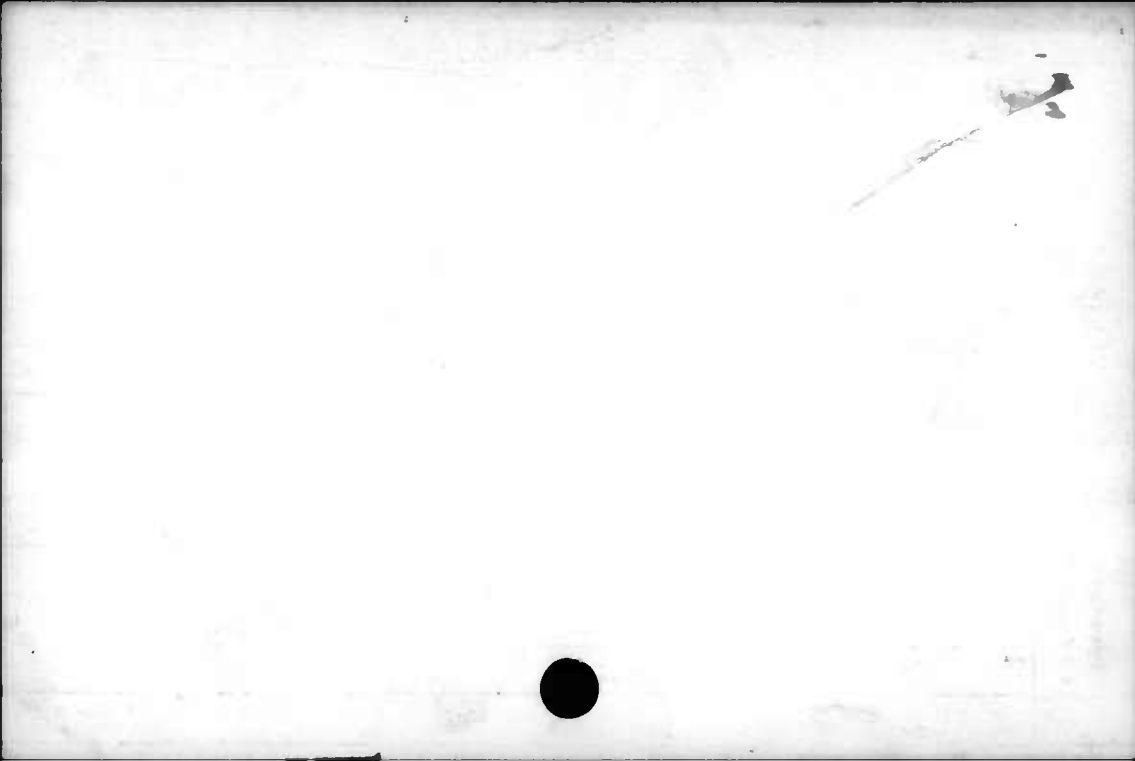
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph Hollar		Town Bumt		County Accageway		State MARYLAND	
Died at Bumt		Date of death 190 3		Month oct		Day 7	
Age 48		Years 48		Months —		Days —	
Sex Male		Color or Race White		Birth-place Bedford Co			
Married, Single or Widowed Single		Occupation Farmer					
Name of Wife or Husband Unknown							
Father's Name Unknown				Father's Birthplace —			
Mother's Maiden Name "				Mother's Birthplace —			
Name of person giving information George Hollar				How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Appendicitis		How long 7 days	
Immediate Peritonitis		How long 2 days	
Are the name, age, sex, color, date and place correctly given above Suppose so		Signature of Physician G L Leander	
		Address Essex, Maryland	
Accident or Suicide? no			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Horaa Hosken

Died at

Finchburg

Town

County

Allegany

MARYLAND

Date

of death 1903

Month

Oct

Day

17

Age

Years

Months

11

Days

27

Sex

Male

Color or
Race

White

Birth-
place

Finchburg

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

Father's
Name

Ginger Hosken

Father's
Birthplace

Finchburg, Md

Mother's
Maiden Name

Serena M. Hosken

Mother's
Birthplace

Finchburg, Md

Name of person giving
In formation

James M. Wilson

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Eczema

How long

11 years

Immediate

Convulsions

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. C. Cohen
Finchburg, Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER

G. O. M.



Allegany Cemetery—

Name
in
Full

CERTIFICATE OF DEATH

Kemhofer
Allegheny

MARYLAND

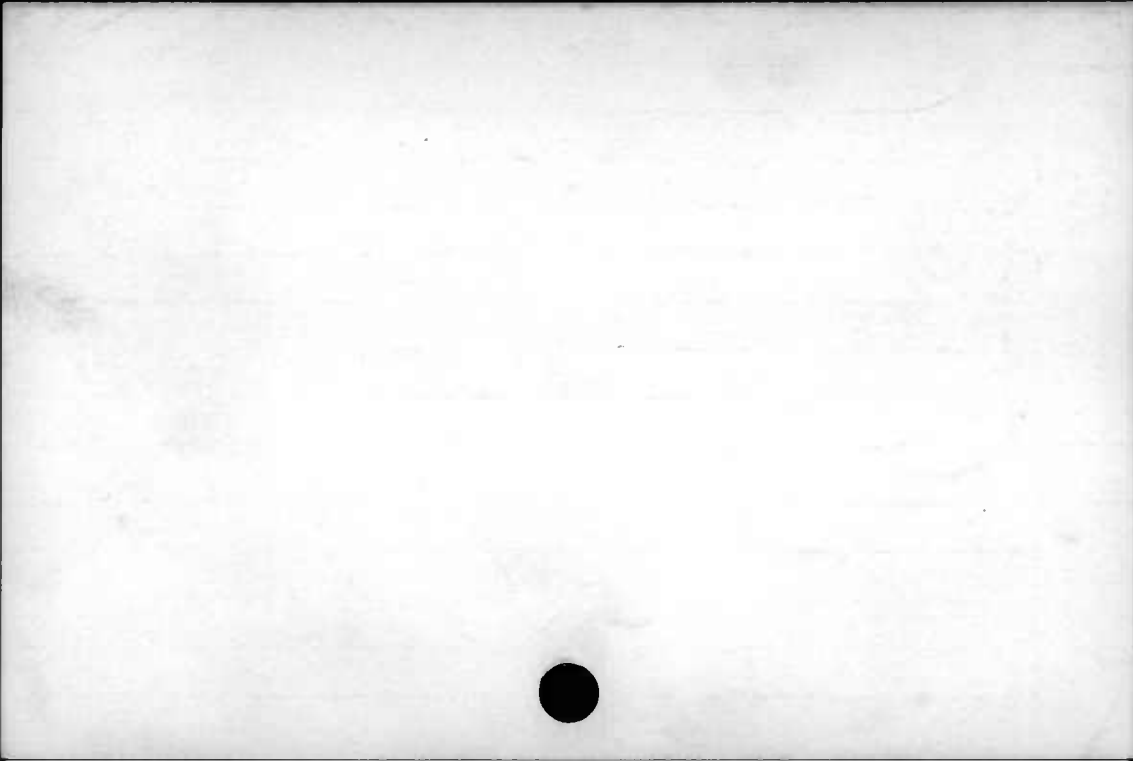
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crumbsburg</i> Town		County <i>Allegheny</i>			
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>25</i>	Age	Months	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Crumbsburg</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Henry Kemhofer</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Mollie Wintermyer</i>			Mother's Birthplace <i>ind</i>		
Name of person giving In formation <i>Henry Kemhofer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>4 1/2 mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. B. Leaybrook MD</i>
	Address <i>Crumbsburg ind</i>
Accident or Suicide?	



Name
in
Full

Mary A. Kirkwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sonoma</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 1903	<i>October</i> ^{Month}	<i>28</i> ^{Day}	Age <i>61</i> ^{Years}	<i>5</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>vale Summit Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife ^{Husband} <i>Charles Kirkwood</i>					
Father's Name <i>Geo W. Duckworth</i>			Father's Birthplace <i>Boston Ma</i>		
Mother's Maiden Name <i>Hannah Barnard</i>			Mother's Birthplace <i>Bloomington Md</i>		
Name of person giving information <i>George Duckworth</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of the Stomach</i>	How long <i>7 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James A. Bullock</i>
	Address <i>Sonoma Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

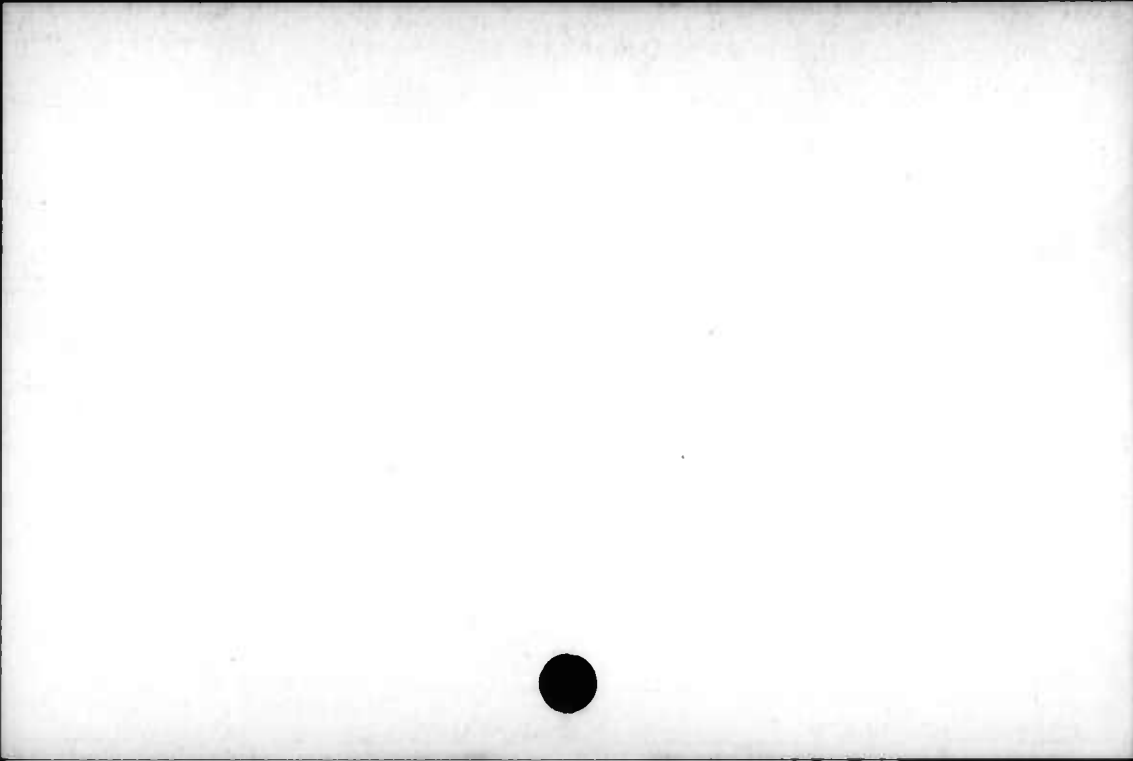
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		Oct	23	—	—	—	16
Sex		Color or Race		Birth-place			
Female		white		Lonaconing Md			
Married, Single or Widowed				Occupation			
—							
Name of Wife or Husband							
—							
Father's Name				Father's Birthplace			
John Hogan				Lonaconing			
Mother's Maiden Name				Mother's Birthplace			
Annie Kyle				Barton			
Name of person giving information				How related to deceased			
Frank Kyle				Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Prematurity	How long	16 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. G. Porter	
		Address	
		Lonaconing Md.	
Accident or Suicide?			
No			



Name
in
Full

Florence Lacey Lanchart

CERTIFICATE OF DEATH

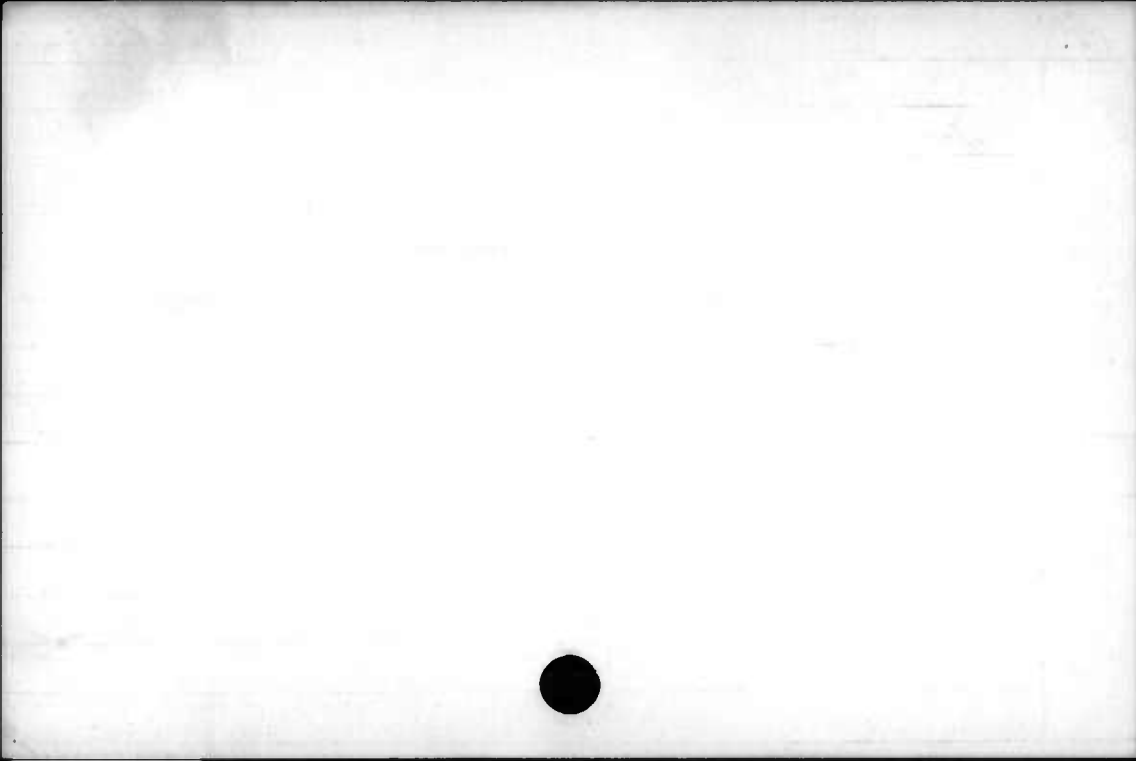
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westernport</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>29</i>	Years <i>16</i>	Months <i>2</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fulton Co. Pa</i>		
Occupation <i>Maid in House</i>			Where Residing if not at place of death <i>Westernport</i>		
Married, Single or Widowed		Name of Wife or Husband <i>F. L.</i>			
Father's Name <i>Frederick Lanchart</i>			Father's Birthplace <i>Fulton Co. Pa</i>		
Mother's Maiden Name <i>Octavia Hammoner</i>			Mother's Birthplace " " "		
Name of person giving Information <i>Frederick Lanchart</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. G. Abbott</i>
	Address <i>Westernport Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

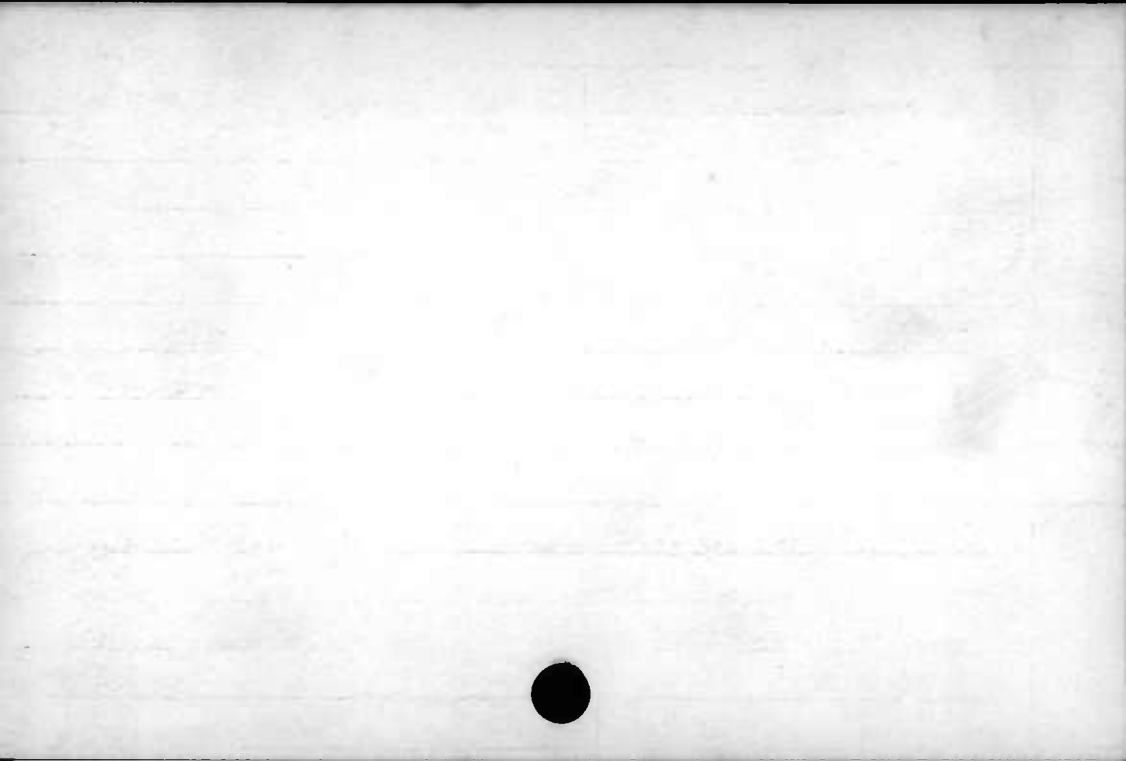
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>29</i>	Age <i>56</i>	Years <i>56</i>	Months <i>—</i>
Sex <i>male</i>		Color or Race <i>col</i>		Birth-place <i>—</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Justin Campbell</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>accidental wound</i>	How long <i>6 days</i>
Immediate <i>Septicemia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jno. H. Simpson</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Lena Leible

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town broad		County Allegany		MARYLAND		
Date of death 190		3	Month Oct.	Day 5	Age 40	Years —	Months —	Days —
Sex Female		Color or Race White		Birth- place Germany				
Married, Single or Widowed				Occupation				
Name of wife or Husband Charles Leible								
Father's Name				Father's Birthplace				
Mother's Maiden Name Lena Smith				Mother's Birthplace				
Name of person giving information Charles Leible				How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever		How long 2 wks	
Immediate Probably embolism in brain		How long Immediate	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. H. H. Stansbury	
		Address Cumberland	
Accident or Suicide?			

middle



11

Name
in
Full

Edward Lewis

CERTIFICATE OF DEATH

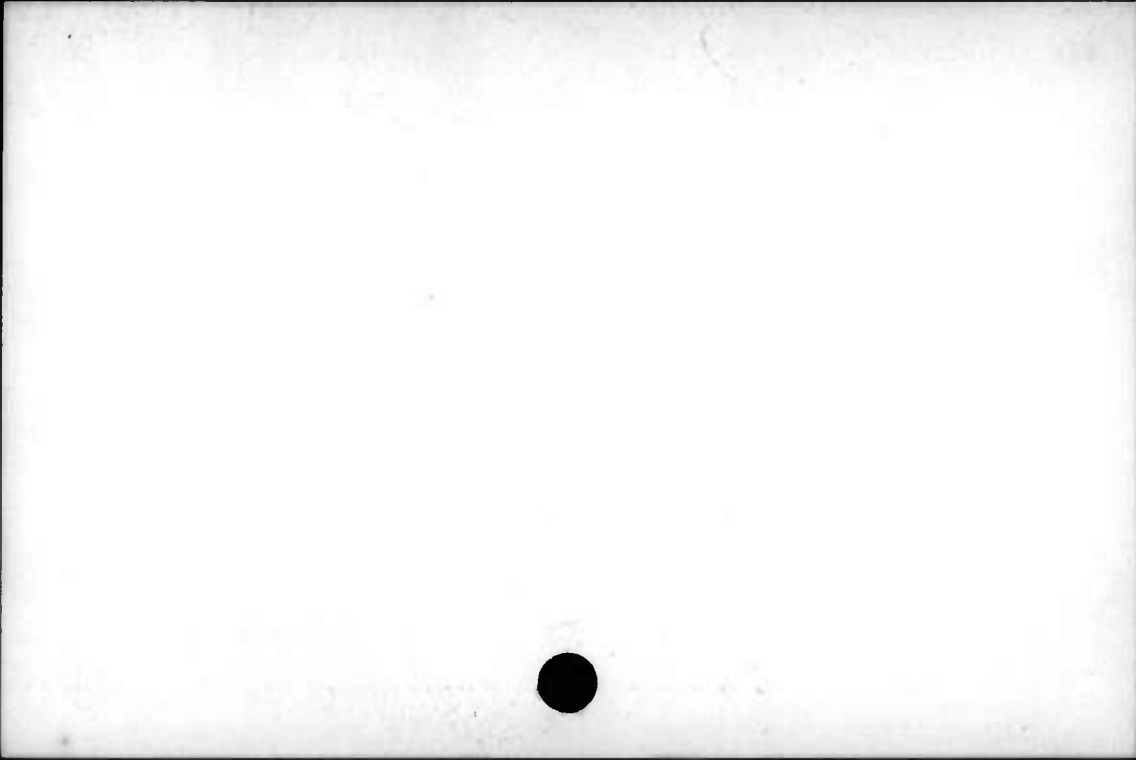
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland Md		County Allegheny		MARYLAND	
Date of death 1903		Month Oct	Day 5	Age 35	Years —		Months —
Sex Male		Color or Race Colored		Birth- place Virginia			
Married, Single or Widowed		Single		Occupation Laborer			
Name of Wife or Husband —							
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving In formation Stewart J. Anderson				How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	6 mos
Immediate	Exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address Cumber Md	
Accident or Suicide?			



Name
in
Full

Sarah Long.

CERTIFICATE OF DEATH

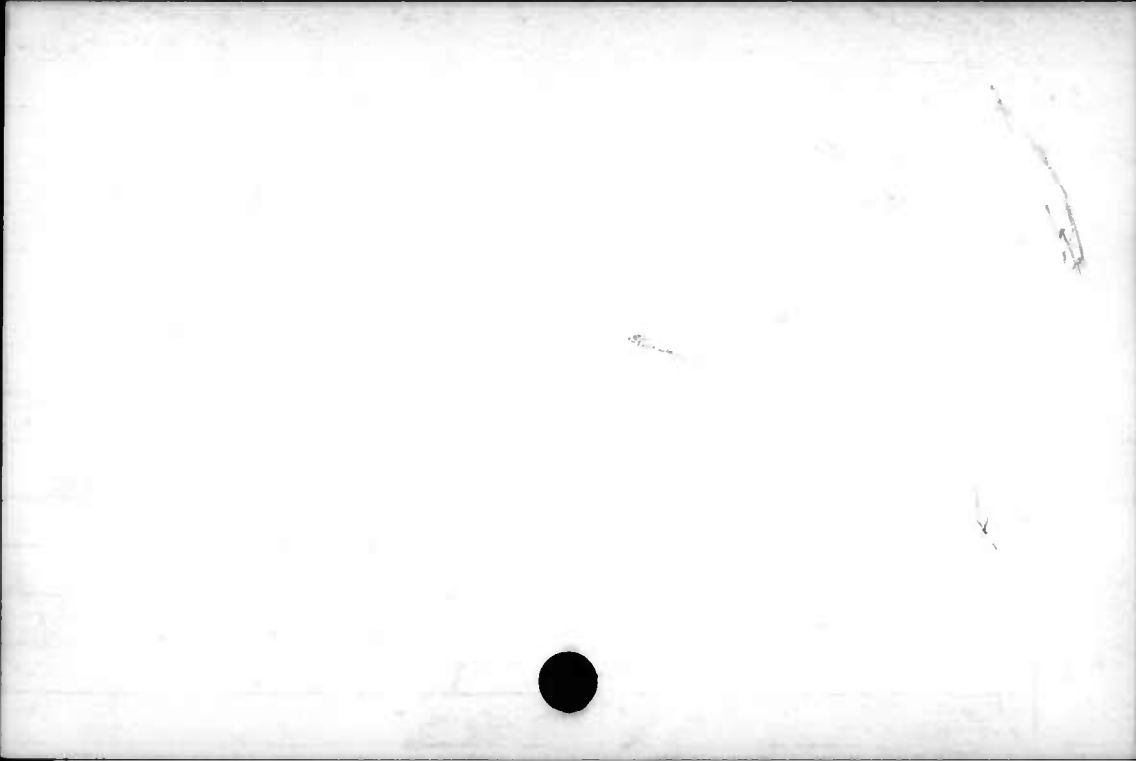
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Allegany</i>		MARYLAND	
Date of death 190	3	Month <i>Oct.</i>	Day <i>7</i>	Age <i>20</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>				
Married, Single <input checked="" type="checkbox"/> Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Amanda Meeneer</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>2 yrs</i>
Immediate <i>Foramen Perforation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Delaney</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name
in
Full

Eva McDonald

CERTIFICATE OF DEATH

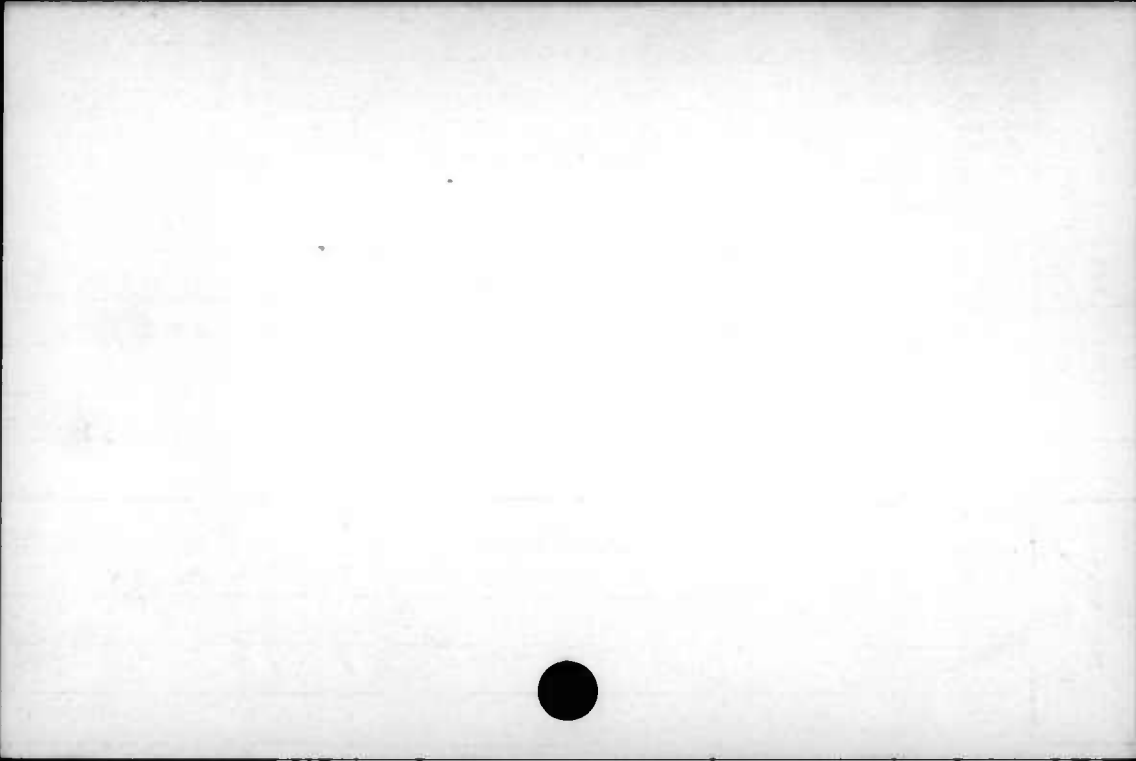
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> <small>Town</small>		<u>Alleghany</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Oct</u>	Day <u>16</u>	Age <u>75</u>	Months <u>9</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Alleghany Co</u>		
Married, Single or Widowed <u>L</u>			Occupation <u>142</u>		
Name of Wife or Husband <u>L</u>					
Father's Name <u>Henry McDonald</u>			Father's Birthplace <u>Allegh. Co</u>		
Mother's Maiden Name <u>Bessie Miller</u>			Mother's Birthplace <u>Allegh. Co</u>		
Name of person giving information <u>Bessie McDonald</u>			How related to deceased <u>Mother</u>		

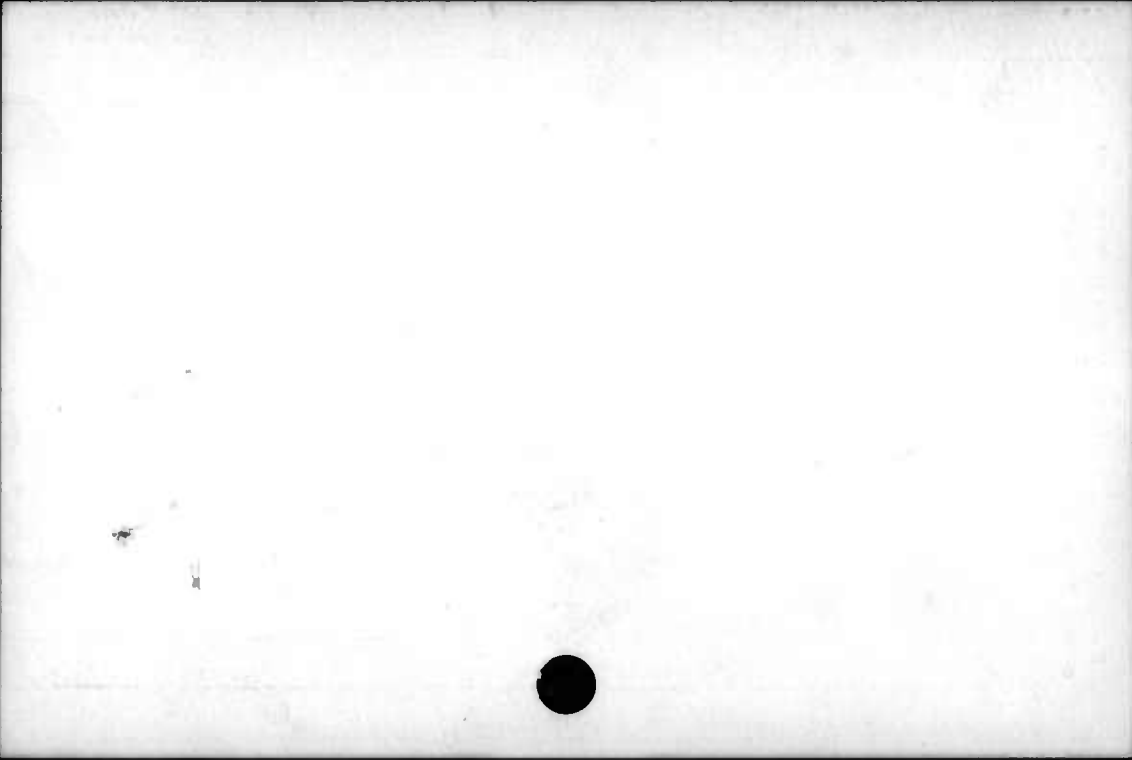
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid fever</u>	How long	<u>two months</u>
Immediate	<u>Gangren of mouth exhaustion</u>	How long	<u>a few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>St. Boucher</u>	
		Address <u>Barton, Md</u>	
Accident or Suicide?			



Name in Full		Thomas Mcgrevie				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Barton</i> Town		County <i>Allegany</i>		MARYLAND	
		Date of death 1903	Month <i>Oct</i>	Day <i>31</i>	Age <i>39</i> Years	Months <i>✓</i>	Days <i>19</i>
		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>England</i>	
		Married, Single or Widowed <i>Married</i>		Occupation <i>Saloon Keeper</i>			
		Name of Wife or Husband <i>Minnie Arnold</i>					
		Father's Name <i>John Mcgrevie</i>		Father's Birthplace <i>England</i>			
		Mother's Maiden Name <i>Elizabeth McPortland</i>		Mother's Birthplace <i>Ireland</i>			
		Name of person giving information <i>Mrs Minnie Mcgrevie</i>		How related to deceased <i>Wife</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Chronic Alcoholism</i>			How long <i>9 months</i>		
		Immediate <i>Cirrhosis of Liver</i>			How long <i>About 6 months</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>J. A. Boucher</i>		
					Address <i>Barton Md</i>		
		Accident or Suicide?					



Name
in
Full

William Mars

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 19 <i>03</i>	Month <i>Oct</i>	Day <i>14</i>	Age <i>57</i>	Months <i>1</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Miner</i>		
Name of Wife or Husband <i>Mary Nelson</i>					
Father's Name <i>✓</i>			Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>✓</i>			Mother's Birthplace <i>✓</i>		
Name of person giving information <i>Daniel Mars</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy Chronic Alcoholism</i>	How long <i>Year or more</i>
Immediate <i>Apoplexy</i>	How long <i>A few moments</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>St. Boucher</i>
	Address <i>Barton</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

CERTIFICATE OF DEATH

David S. Nelson

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frothingham</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Date of death 190		Month <i>3</i>	Day <i>Oct</i>	Age <i>4</i>	Years <i>19</i>	Months <i>12</i>	Days <i>12</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frothingham</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm. Nelson</i>		Father's Birthplace <i>Allegany Co.</i>					
Mother's Maiden Name <i>Annie Bevan</i>		Mother's Birthplace <i>Ill.</i>					
Name of person giving information <i>Wm. Nelson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scald</i>	How long	<i>2 days</i>
Immediate	<i>Cholera</i>	How long	<i>5 min.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. C. Clober</i>
	<i>Yes</i>	Address	<i>Frothingham, Ky.</i>
Accident or Suicide?	<i>Yes</i>		

C. F. N.

Allegany Co

Name
in
Full

Robert Newcomb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lebanon</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Oct</i> ^{Month}	<i>7</i> ^{Day}	Age <i>27</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Blacksmith</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Injury 3 weeks ago</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Langford</i>
	Address <i>Lebanon Md</i>
Accident or Suicide?	

David

North - London

Name
in
Full

Barthley Miland

CERTIFICATE OF DEATH

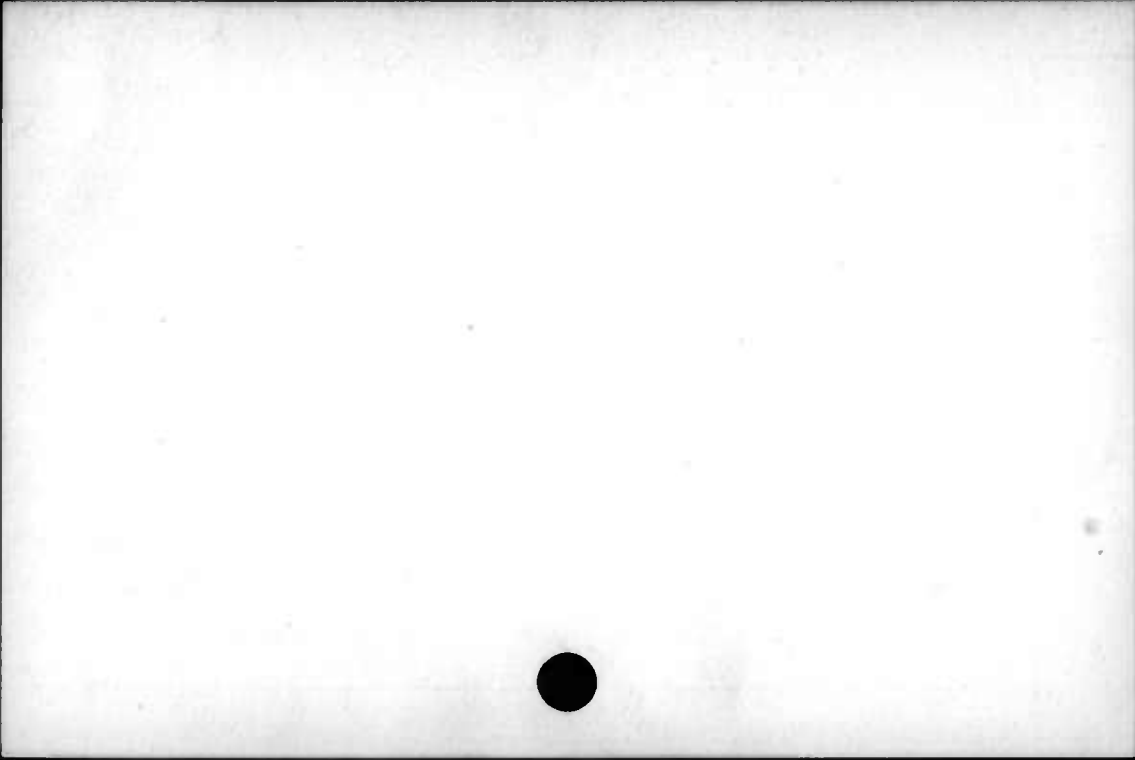
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lumberton</i>		Town <i>7</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>14</i>	Age <i>38</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>N. Va</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Engineer.</i>				
Name of Wife or Husband							
Father's Name <i>David Miland</i>			Father's Birthplace <i>N. Va</i>				
Mother's Maiden Name <i>Kellen Dorsey</i>			Mother's Birthplace <i>N. Va</i>				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Jones, M.D.</i>
	Address <i>Lumberton W. Va</i>
Accident or Suicide?	



Name in Full		Thomas Philips (Philips)				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberland		County		Allgemary MARYLAND	
	Date of death 1903		Month		Day		Years	
	10		Oct		7th		Age 22	
	Sex		Male		Color or Race		White	
	Birth-place		England		Occupation		Laborer in Tin Plate Mill	
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		John Philips		Father's Birthplace		England	
	Mother's Maiden Name		Anna Lewis		Mother's Birthplace		England	
Name of person giving information		Anna Philips		How related to deceased		Sister		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Typhoid Fever		How long		About 2 weeks	
	Immediate		Septicemia		How long		Several days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. W. Volgare	
					Address		Cumberland	
	Accident or Suicide?						No	

Transposed

Name in Full		John H. Phillips				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 1903		Month	Day	Age	Years	
		October		13	80	Months	Days	
		Sex		Male	Color or Race	White	Birth-place	England
		Married, Single or Widowed		Married	Occupation	Gardener		
		Name of Wife or Husband		Catharine Porttcher				
PHYSICIAN OR CORONER		Father's Name		Samuel Phillips		Father's Birthplace	Wales	
		Mother's Maiden Name		Jane Ann		Mother's Birthplace	England	
		Name of person giving information		Catharine Phillips		How related to deceased	Wife	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Lupus				12 Days		
		Immediate				How long		
		Heart Failure				Sudden -		
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		yes				James O. Bullock		
						Address		
						Longview Maryland		
PHYSICIAN OR CORONER		Accident or Suicide?						
		no -						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Irene Foster</i>				Town <i>Sumner</i>		County <i>Alle</i>		State <i>MARYLAND</i>	
Died at		Date of death 190 <i>8</i>		Month <i>October</i>		Day <i>29</i>		Age <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months		Days	
Married, Single or Widowed <i>Single</i>		Occupation							
Name of Wife or Husband		Father's Name <i>John P. Foster</i>		Father's Birthplace <i>Germany</i>		Mother's Maiden Name <i>Katie Weigand</i>		Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>John P. Foster</i>		How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Capricious bronchitis</i>	How long	<i>24 hrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. Bracken</i>	
		Address <i>Amberland Ind</i>	
Accident or Suicide?		<i>Brace</i>	

#125 Green IT

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Howell Powell</u>		Town <u>Thraakung</u>		County <u>Allegh</u>		MARYLAND	
Date of death	1903	Month	Oct	Day	1	Age	72
Sex	M	Color or Race	W	Birth-place	Wales		
Occupation	Miner		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband <u>Jane Powell</u>				
Father's Name	<u>Howell Powell</u>				Father's Birthplace	<u>Wales</u>	
Mother's Maiden Name	<u>Self</u>				Mother's Birthplace	<u>Wales</u>	
Name of person giving information	<u>Self</u>				How related to deceased	<u>19</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cardiac trouble</u>	How long	<u>7 mo</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. B. [illegible]</u>	
Yes		Address	
Accident or Suicide?			

C F Miskel

Alley. Cemetery

Name
in
Full

CERTIFICATE OF DEATH

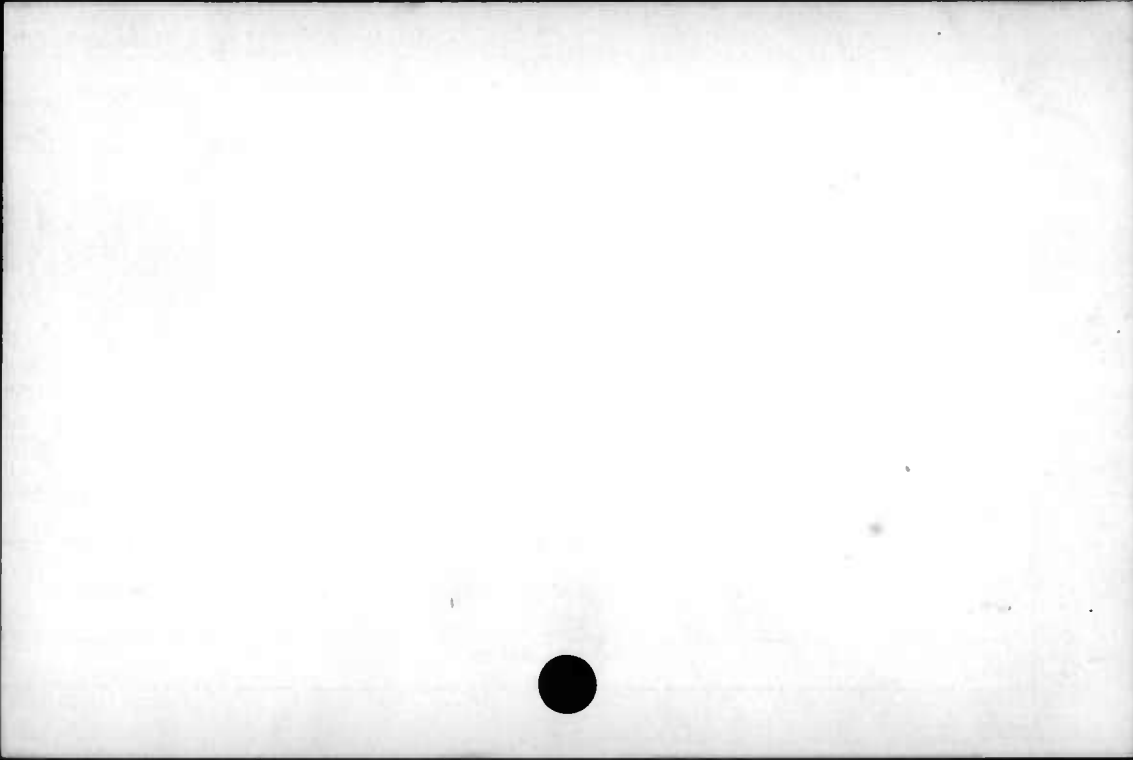
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3		Oct	4	1	7		
Sex	Male	Color or Race	White	Birth-place	Pa		
Married, Single or Widowed	Single	Occupation	none				
Name of Wife or Husband							
Father's Name	Isaac Rimes				Father's Birthplace	W Va	
Mother's Maiden Name	Martha Simpson				Mother's Birthplace	W Va	
Name of person giving information	Mrs Isaac Rimes				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	Two weeks
Immediate	Measles etc	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. B. Skilling
		Address	Lewistown, Pa
Accident or Suicide?		no	



Name
in
Full

Meredith Melvin Rice

CERTIFICATE OF DEATH

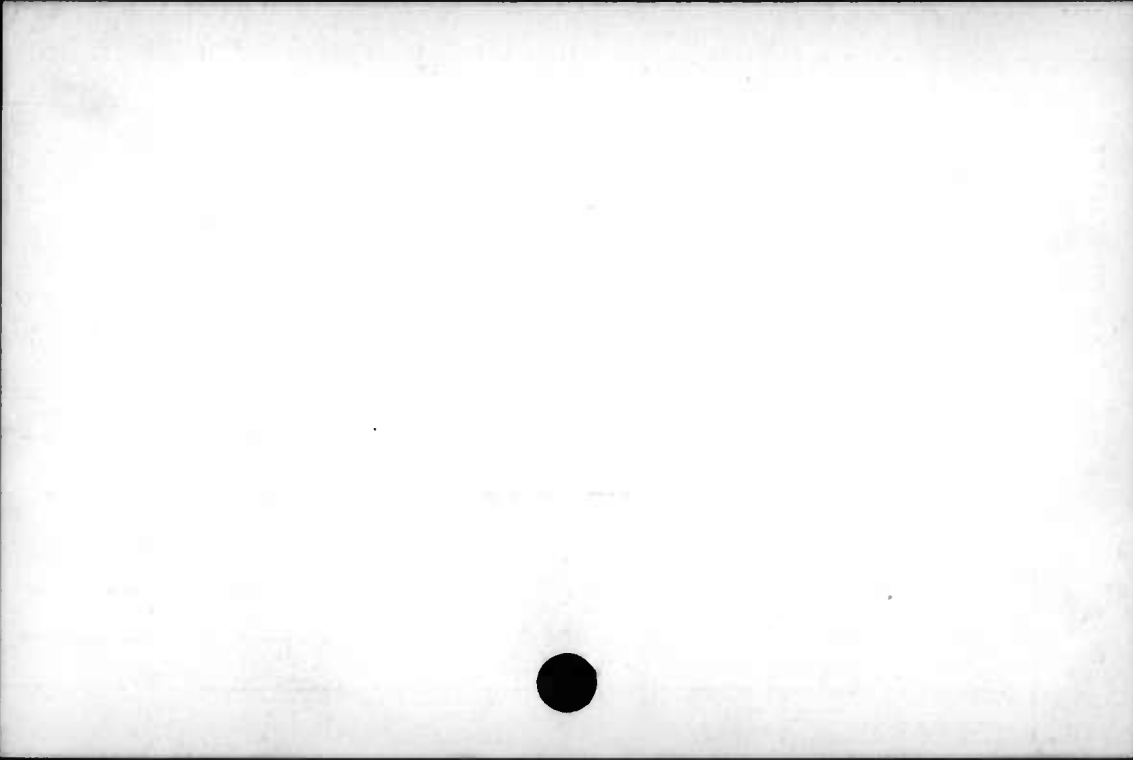
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i>		Town		County		MARYLAND	
Date of death 190	3	Month	6	Day	5	Age	1
Sex		Female		Color or Race		white	
Married, Single or Widowed				Occupation			
Name of Wife or Husband				Father's Birthplace		Pa	
Father's Name		John T Rice		Mother's Birthplace		Pa	
Mother's Maiden Name		Hannah Clites		How related to deceased		Parents	
Name of person giving In formation		Parents					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Indigestion & Nephritis</i>	How long	<i>6 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Geo L Broadbent M.D.</i>	
		Address	
		<i>Cumtland</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name
in
Full

Samuel S. Richardson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190	<u>3</u> ^{Month} <u>Oct.</u> ^{Day}	<u>8</u> ^{Years}	Age <u>60</u> ^{Months}	<u>00</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>W. White</u>	Birth- place <u>Shepherdstown, W. Va.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Supt. of Construction of pub. Bldg.</u>				
Name of Wife or Husband <u>—</u>	<u>Wortham</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <u>C. S. Richardson</u>	How related to deceased <u>79</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cardiac Distention</u>	How long <u>—</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. B. McJannet, M.D.</u>
	Address <u>Cumberland Md.</u>
Accident or Suicide? <u>—</u>	

Transported

Name
in
Full

Walter Rodenhanser.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumhd</i>		County <i>Alleghany</i>		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>28</i>	Age	Years <i>25</i>	Months —	Days —	
Sex <i>male</i>	Color or Race <i>White</i>		Birth- place <i>Cumhd</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Clerk</i>					
Name of Wife or Husband							
Father's Name <i>John Rodenhanser</i>				Fether's Birthplace			
Mother's Maiden Name <i>Doead</i>				Mother's Birthplace			
Name of person giving In formation <i>Katie Rodenhanser</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>20 days</i>
Immediate <i>Dysentery</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Lachman</i>
<i>Berman Luthin</i>	Address <i>Cumhd. W. Va.</i>
Accident or Suicide?	



Name
in
Full

Wm E. Sanders.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sumner Town Allegheny County MARYLAND

Date of death 190 3 Month Oct Day 10 Age 31 - Years - Months - Days -

Sex male Color or Race white Birth-place Sumner

Married, Single or Widowed single mailed Occupation clerk

Name of Wife or Husband -

Father's Name Dea Father's Birthplace 56

Mother's Maiden Name Mary Sanders Mother's Birthplace Germany

Name of person giving information Chas J Sanders How related to deceased -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Typhoid How long 5 days

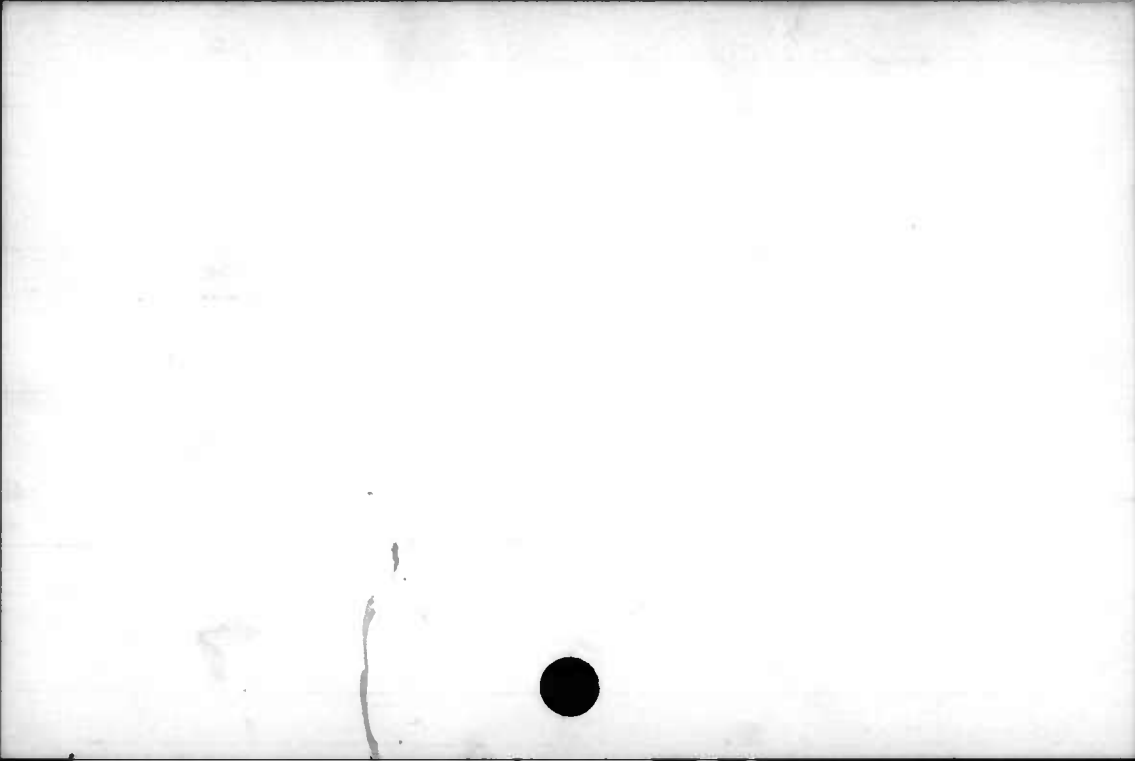
Immediate Exhaustion How long 11 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. Smith

Address Sumner, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

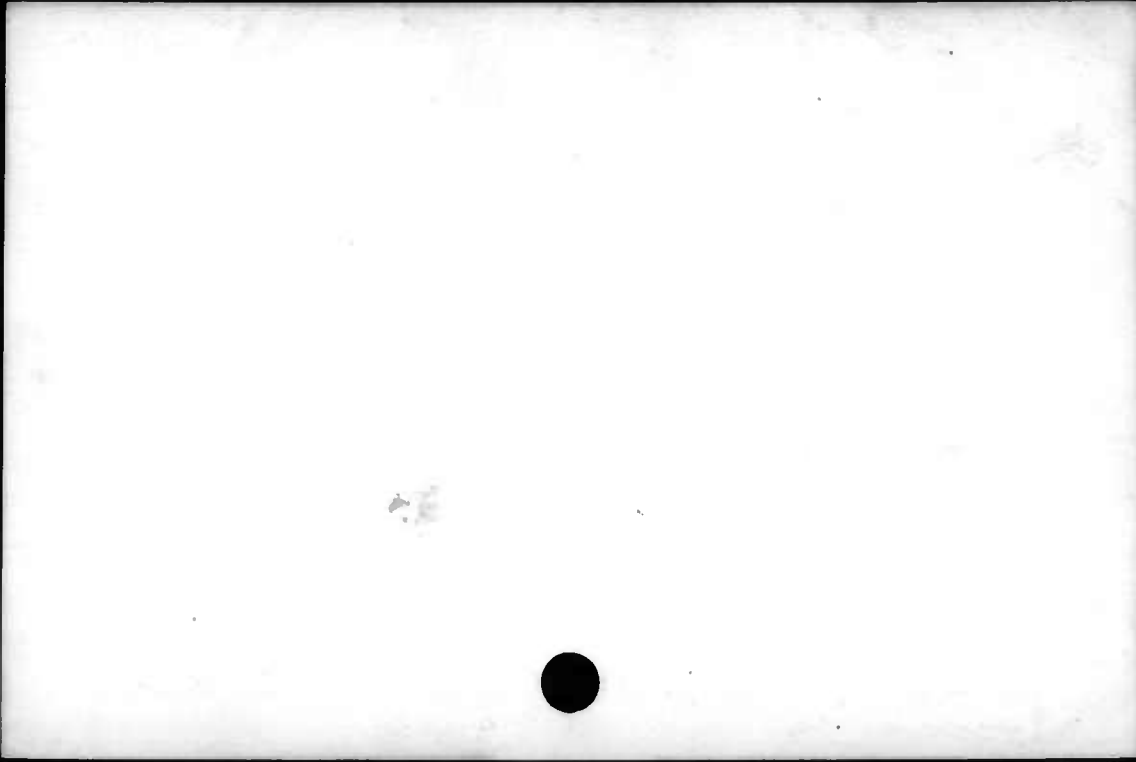
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunsd</i>		County <i>ccc</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct.</i>	Day <i>3</i>	Age <i>56</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband <i>John Schiller</i>					
Father's Name		Father's Birthplace			
Mother's Maiden Name <i>E. Lorenstein</i>		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>about fifteen years</i>
Immediate <i>Acute Bronchitis</i>	How long <i>about 20 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. J. J. J.</i>
	Address <i>unsubscribed</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

CERTIFICATE OF DEATH

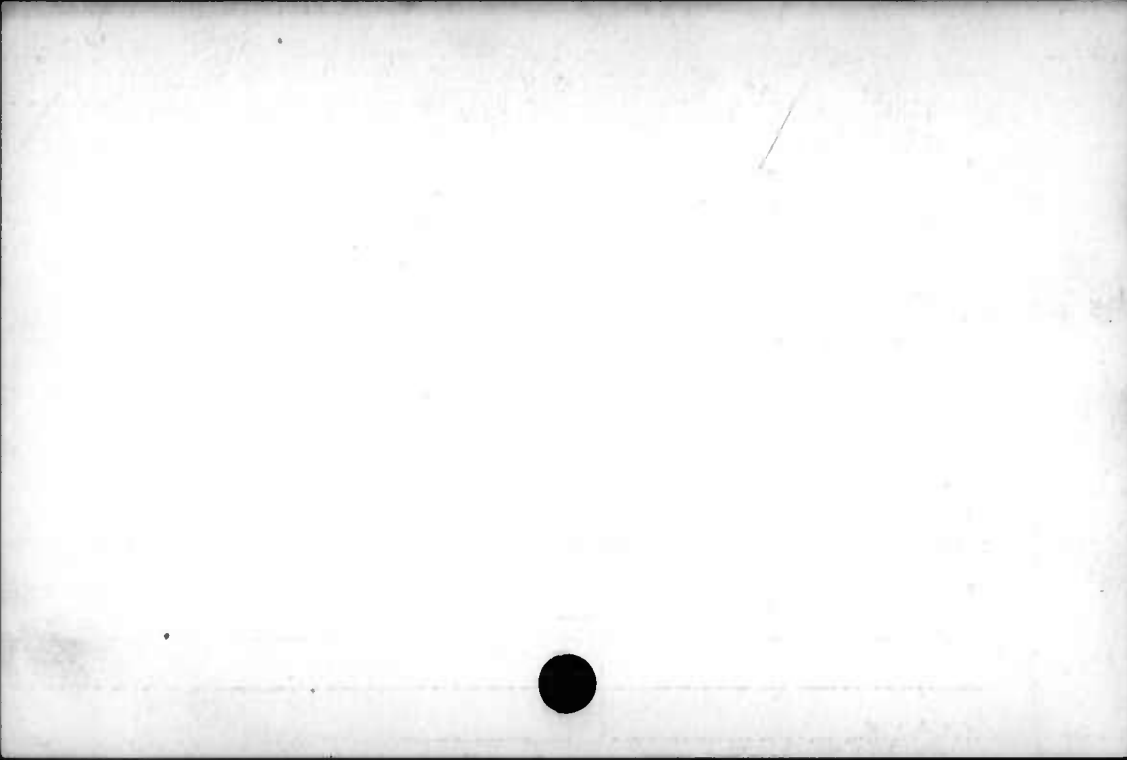
TO BE ANSWERED BY
NEAREST FRIEND

Died at Eckhard ^{Town}		Alleghany ^{County}		MARYLAND	
Date of death 190	3 ^{Month}	Oct ^{Day}	18 ^{Age}	2 ^{Years}	2 ^{Months}
Sex Male		Color or Race White		Birth-place Eckhard	
Married, Single or Widowed 2			Occupation 2		
Name of Wife or Husband 2					
Father's Name August Schumber			Father's Birthplace Germany		
Mother's Maiden Name Victoria Kramarska			Mother's Birthplace Germany		
Name of person giving information Victoria Schumber			How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yns	Signature of Physician H. H. Johnson
		Address U. A. Schumber
Accident or Suicide?		



Name in Full

Certificate of Death

Mrs. Henry Schramm

Town

County

Died at

Cumberland, Allegany

MARYLAND

Date 19

3

Oct. 2

Age

60 -

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Henry Schramm

Mother's

Maiden Name

Cause of

Primary

Hepatic Cirrhosis - gallstones -

How long sick

Death

Immediate

Exhaustion, Cardiac failure -

Accident, Suicide, Homicide

Reported by

Address

James E. Johnson
Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buntol</i>		Town		County <i>accygh</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>OT</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Buntol</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband							
Father's Name <i>Frederick Schults</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Bertie Gerlach</i>				Mother's Birthplace <i>Buntol</i>			
Name of person giving information				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 day</i>
Immediate <i>& haemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos H. Fogar</i>
	Address <i>Lynchburg</i>
Accident or Suicide?	<i>Dr. Fisher</i>



Name
in
Full

CERTIFICATE OF DEATH

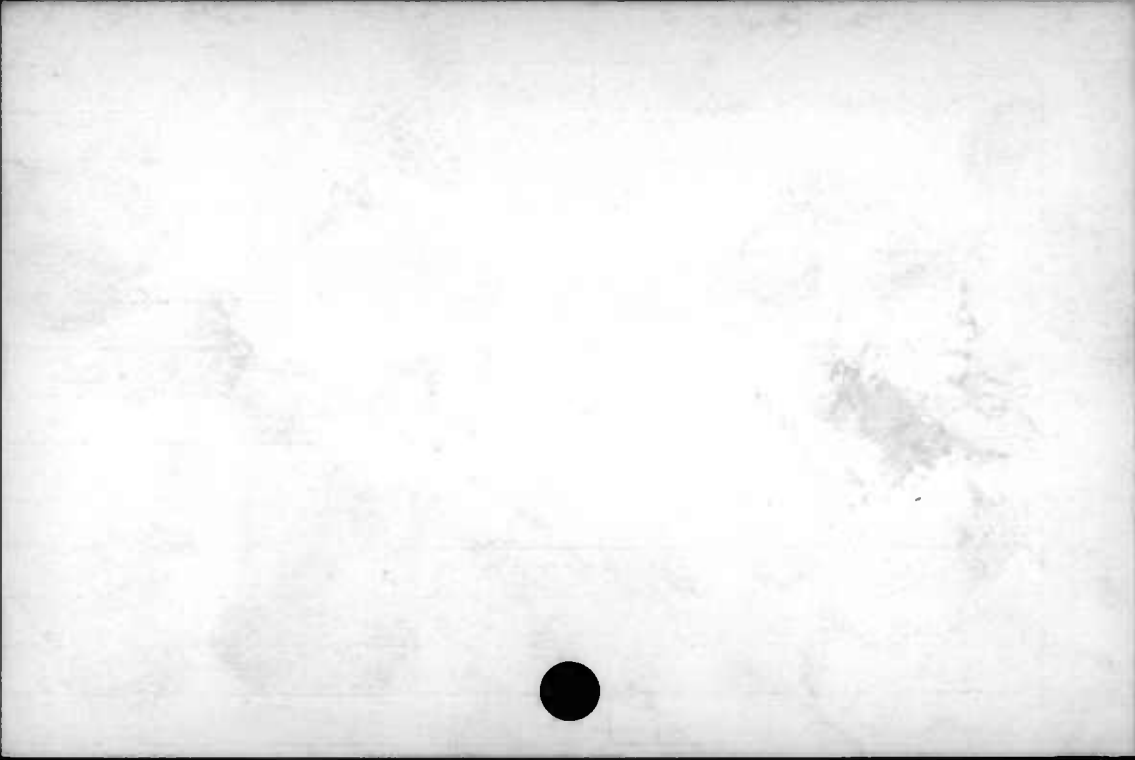
TO BE ANSWERED BY
NEAREST FRIEND

Name of <i>Infant of Joe Simmes</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Date of death 190 <i>3</i>		Month <i>10</i>	Day <i>21</i>	Age <i>—</i>	Years <i>1</i>
Sex <i>Female</i>		Color or Race <i>Col.</i>		Birth-place <i>Cumberland</i>		Months <i>14</i>	
Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> or Widowed <input type="checkbox"/>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Joe Simmes</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving Information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>all of its life</i>
Immediate <i>Mal nutrition</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>Jno H Thompson</i>
	Address <i>63 N. Mechanics</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sumnerland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 1903		Month <i>10</i>	Day <i>1</i>	Age <i>70</i> ^{Years}	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Col.</i>		Birth-place <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Occupation <i>House Keeper</i>			
Name of Wife or Husband <i>J. H. O'Leary</i>					
Father's Name <i>Harry Kenny</i>		<i>97</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Jane Kenny</i>				Mother's Birthplace <i>Frostburg</i>	
Name of person giving information <i>Luey Patterson</i>				How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchial Asthma</i>	How long <i>About 2 months</i>
Immediate <i>Heart Failure</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Thompson</i>
	Address <i>63 N. Mechanic</i>
Accident or Suicide? <i>—</i>	

500
500
1000

11290

7660

16950

5595

12195

5595

18790

Name
in
Full

Catharine Steen

CERTIFICATE OF DEATH

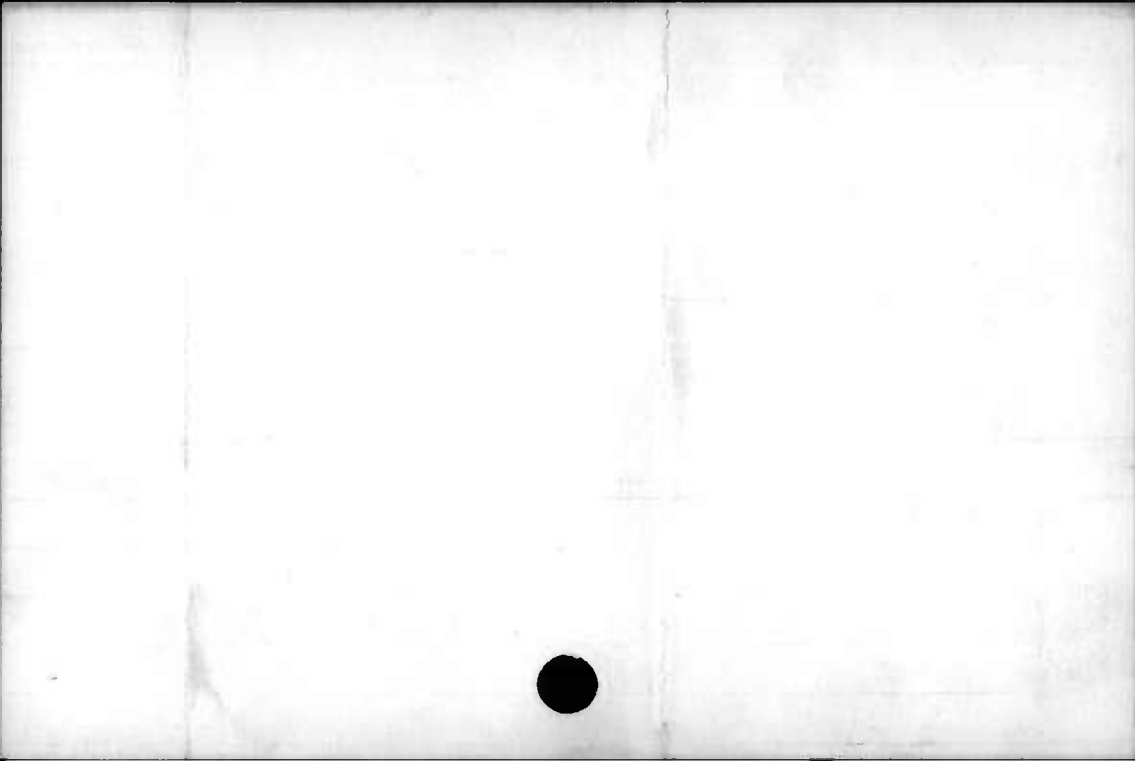
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carles</i> Town		<i>Allagham</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>28</i>	Age	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carles</i>		
Occupation <i>no</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Steen</i>		Father's Birthplace <i>America</i>			
Mother's Maiden Name <i>Mrs Steen</i>		Mother's Birthplace <i>11</i>			
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chorea Infantum</i>	How long
Immediate <i>Chorea Infantum</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Chas. H. ...</i>
	Address <i>Madlothian</i>
Accident or Suicide?	



Name
in
Full

Ethel Stevenson

CERTIFICATE OF DEATH

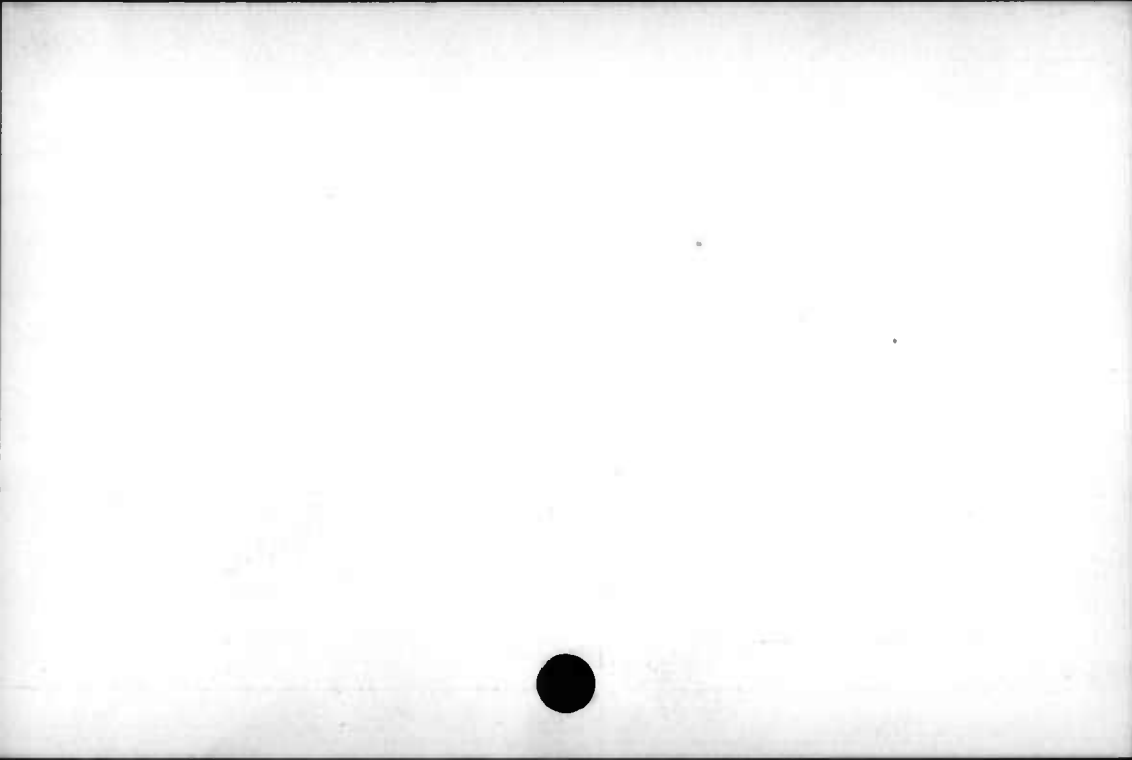
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		<i>Allegheny</i>		County	
Date of death 1903		Month <i>Oct</i>		Day <i>20</i>		Age <i>24</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>N.Y.C.</i>		Months	
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name		155		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute arsenical poisoning</i>	How long	<i>9 hours</i>
Immediate	<i>Paralysis of heart</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Slansbury</i>	
		Address <i>Cumberland</i>	
-Accident or Suicide? <i>Suicide</i>		<i>md</i>	



Name
in
Full

Alvishes J Strong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt'd.</i>		County <i>Alleghany</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Oct.</i>	Day <i>15</i>	Age <i>21</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Married, Single or Widowed		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>George Strong</i>			Father's Birthplace <i>Cumt'd.</i>		
Mother's Maiden Name <i>Mary Hummel</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>George Strong</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>about two years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James W. Brown</i>
	Address <i>Cumt'd. Pa.</i>
	<i>Mayland</i>
Accident or Suicide? <i>—</i>	

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles A. Twigg* Town *Old Town* County *Allegheny* MARYLAND

Died at *Old Town*

Date of death 1903 *October* *28th* Age *62* Months *1* Days *13*

Sex *Male* Color or Race *White* Birth-place *Md.*

Married, Single or Widowed *Widower* Occupation *Lock-Tender*

Name of Wife or Husband *Susan Farrow*

Father's Name *Eli Twigg* Father's Birthplace *Md.*

Mother's Maiden Name *Catherine Houch.* Mother's Birthplace *Md.*

Name of person giving information *Mr Will. Demmel.* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

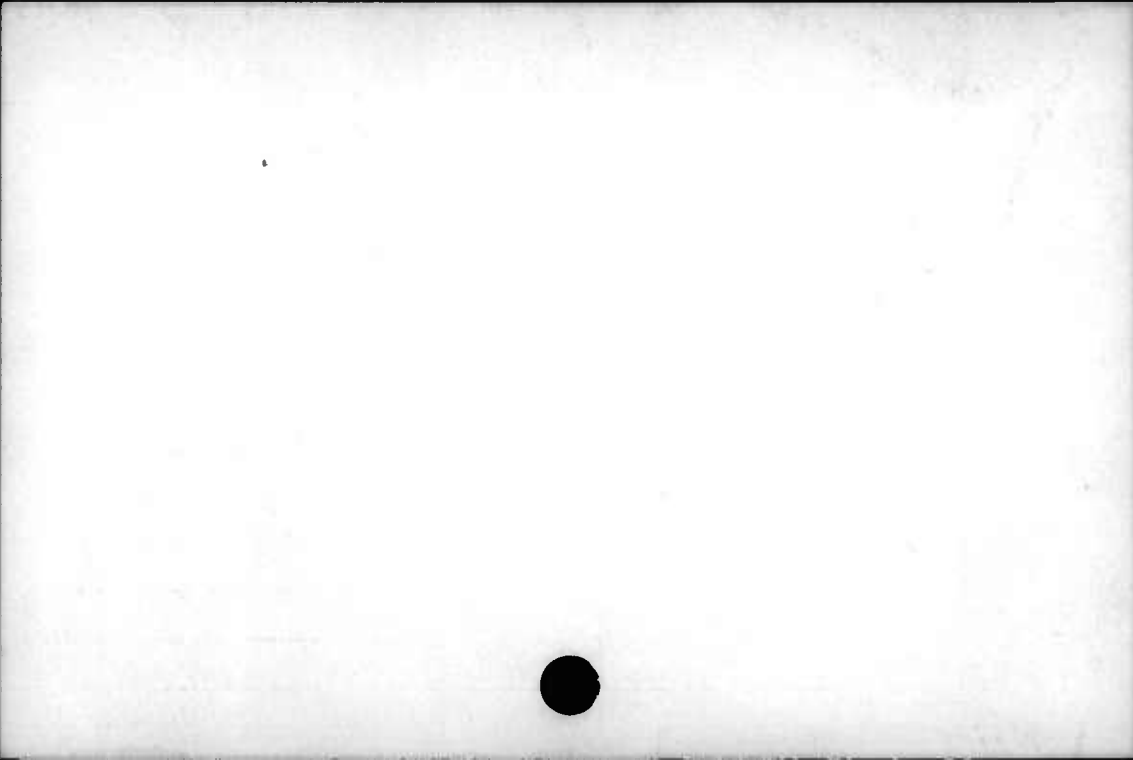
Primary *Pneumonia* How long *Two Years*

Immediate *Coppsy. and Heart Failure* How long *Two months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. Geo. V. Harbaugh*

Address *Old Town. Md.*

Accident or Suicide?



Name
in
Full

Greenberry T. Wigg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Klondyke</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>30</i>	Age <i>53</i>	Years <i>9</i>	Months <i>30</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>U. S.</i>		
Occupation <i>Miner</i>			Where Residing if not at place of death <i>Frostburg, Md</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace <i>U. S.</i>		
Mother's Maiden Name			Mother's Birthplace <i>U. S.</i>		
Name of person giving information <i>Wife</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Killed by Steam Shovel</i>	How long	—
Immediate	<i>" " "</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thomas F. Blauvelt</i>
<i>Yes</i>		Address	<i>Frostburg, Md.</i>
Accident or Suicide? <i>Accident</i>			

Allegany Cemetery

G & M

Name
in
Full

Child of Julia Ware

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3		10	21	Alligany		3	4
Sex	Female		Color or Race	W.		Birth-place	Md
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				(Unknown) 105			
Mother's Maiden Name				Julia Ware			
Name of person giving information				John Ware			
				Father's Birthplace			
				Mother's Birthplace Md			
				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis		How long	2 m's
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			W. O. McLane	
			Address	
			Frostburg Md	
Accident or Suicide?				

Grm

Allegany Co. Md

Name
in
Full

CERTIFICATE OF DEATH

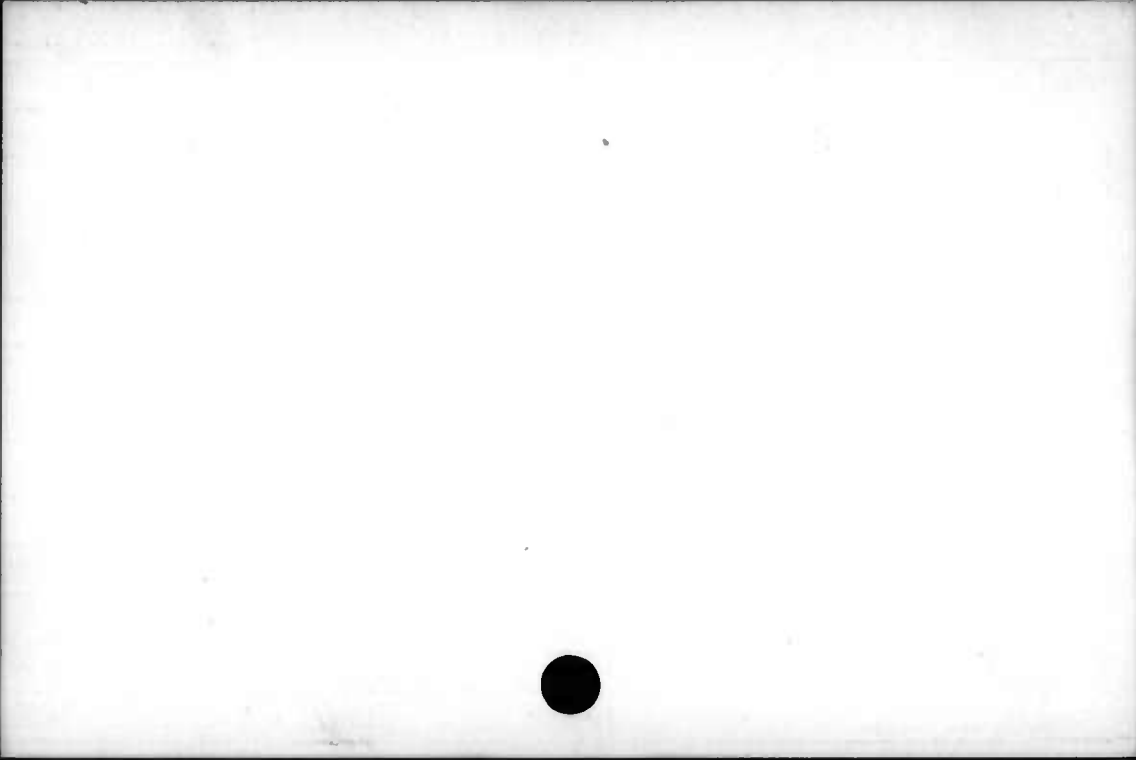
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		10	20	20	00	00	00
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation		Where Residing if not at place of death					
Labor		Baltimore					
Married, Single or Widowed		Name of Wife or Husband					
Married		Dead					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Parisis		2 yr	
Immediate		How long	
Exhaustion		3 wks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. F. J. J. J.	
St Peter + Pauls		Address	
		Baltimore	
Accident or Suicide?			



Name
in
Full

Anna. H. Wempe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190 3		OT.	26	Age 23	—		—
Sex	Female		Color or Race	White		Birth-place	United
Married, Single or Widowed	Single			Occupation	Domestic		
Name of Wife or Husband							
Father's Name	Frank Wempe				Father's Birthplace	Germany	
Mother's Maiden Name	Mary Koelker				Mother's Birthplace	"	
Name of person giving information					How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Two years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Fortman
yes		Address	Cumtobland Md.
Accident or Suicide?			



Name In Full

Certificate of Death

Lena J. Winburner

Town

County

Died at

Frostburg

MARYLAND

Date 19

03

Month

Day

Dec-14

Year

Y.

M.

D.

9-11-

Native of

Occupation

Elleg

Munroe

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

David Winburner

Mother's

Maiden Name

Jone. Howkins

Cause of

Primary

Typhoid fever & pneumonia

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Doeliffeth
Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70902

Mr. Allison.
Carr.

Name
in
Full

Samuel W. Woods.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland,</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death 1903	Month <i>Oct.</i>	Day <i>12</i>	Age <i>32</i>	Years	Months <i>1</i>	Days <i>12</i>	
Sex <i>M.</i>	Color or Race <i>Colored,</i>	Birth-place <i>Cumtland,</i>					
Married, Single <i>S.</i>		Occupation <i>Waiter</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Henry Woods.</i>				Father's Birthplace <i>Missouri</i>			
Mother's Maiden Name <i>Ellen J. Wilson</i>				Mother's Birthplace <i>Cumtland, Md.</i>			
Name of person giving information <i>Jack Woods.</i>				How related to deceased <i>Brother.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>18 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. H. Hawkins.</i>
	Address <i>Cumtland, Md.</i>
Accident or Suicide? <i>X</i>	

